FCC Request for Waiver and Appeal of USAC Denial Detroit Public School District BEN 130944

April 11, 2014

Federal Communications Commission – *filed electronically via ECFS* Office of the Secretary 445 12th Street, SW - Room TW-A325 Washington, DC 20554

Waiver / Appeal – CC Docket Nos. 96-45 and 02-6 USAC Appeal Decision Date: February 26, 2014 Form 471Number: 893512 & 896784

Funding Year: 2013-2014

BEN / Billed Entity Name: 130944 - Detroit Public School District

FRNs, Service Provider Name and SPIN: See chart below

| Description | 471 App | FRN | SPIN | Service Provider Name | Funding Year | Cmtd Total Cost | Cmtd Disc | Cmtd Commitment Request |
|---------------|-------------|---------|-----------|----------------------------|-----------------|--------------------|--------------|-------------------------------|
| Local Tel | 893512 | 2462374 | 143000093 | XO Communication Service | 2013 | \$1,678,612.32 | 87 | \$1,460,392.72 |
| Cellular | 893512 | 2462379 | 143025240 | AT&T Mobility | 2013 | \$678,572.64 | 87 | \$590,358.20 |
| WAN | 893512 | 2462380 | 143001727 | Michigan Bell Telephone Co | 2013 | \$4,396,946.52 | 87 | \$3,825,343.47 |
| Long Distance | 893512 | 2462383 | 143001157 | CenturyLink Qw est Commu | 2013 | \$7,231.56 | 87 | \$6,291.46 |
| Internet | 893512 | 2462419 | 143004331 | Merit Netw ork, Inc. | 2013 | \$526,050.00 | 87 | \$457,663.50 |
| POTS | 893512 | 2462427 | 143001727 | Michigan Bell Telephone Co | 2013 | \$293,129.76 | 87 | \$255,022.89 |
| Stu Email | 893512 | 2462452 | 143024051 | Gaggle.net, Inc. | 2013 | \$233,250.00 | 87 | \$202,927.50 |
| Admin Email | 893512 | 2462461 | 143004331 | Merit Network, Inc. | 2013 | \$228,000.00 | 87 | \$198,360.00 |
| Hosted VoIP | 896784 | 2462511 | 143037077 | Encore Technology Group. | 2013 | \$1,513,980.00 | 87 | \$1,317,162.60 |
| | Total P1 DP | S | | | | \$9,555,772.80 | | \$8,313,522.34 |

Contact Information:

Contact Person Name: Jon Brent

Contact Person Phone: 313-873-8522 Fax: 313-873-3209

Contact Person E-Mail: jon.brent@detroitk12.org

SLD action being appealed: We are requesting a waiver of the 60 day deadline for our SLD appeal. When we received our USAC Funding Commitment Decision Letter in November of 2013, we did not realize that the shared discount rate had been reduced to 87%. Based on PIA review, we had no reason to suspect a change in discount rate and we were very busy with RFPs for the 2014 application. By the time we realized this reduction and submitted our appeal to SLD – we were beyond the 60 day deadline. We are requesting that FCC grant us a waiver to allow this Appeal to be considered. We feel that the reduction in our discount rate represents an unjustified financial penalty on the district. We have included the entire USAC Appeal for reference.

Sincerely, (filed electronically via ECFS)

Jon Brent, Exec Director Deployment & Tech Support, Detroit Public Schools

3031 West Grand Blvd., Suite 450, Detroit, MI 48202

Ph: 313-873-8522 Fax: 313-873-3209 Email: jon.brent@detroitk12.org

Attachment A: USAC Denial Letter 471# 893512 dated February 26, 2014 Attachment B: USAC Denial Letter 471# 896784 dated February 26, 2014

Attachment C: DPS Appeal to USAC dated February 24, 2014



Universal Service Administrative Company

Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2013-2014

February 26, 2014

Jon Brent Detroit Public School District 3031 West Grand Blvd, Suite 450-10 Detroit, MI 48202

Re: Applicant Name:

DETROIT PUBLIC SCHOOL DISTRICT

Billed Entity Number: Form 471 Application Number: 130944 893512

Funding Request Number(s):

2462374, 2462379, 2462380, 2462383, 2462419,

2462427, 2462452, 2462461

Decision Letter Date:

November 27, 2013

Date Appeal Postmarked:

February 24, 2014

Your Correspondence Dated:

February 24, 2014

Our records show that your appeal was postmarked more than 60 days after the date your Funding Commitment Decision Letter was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

If you believe there is a basis for further examination of your application, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be postmarked within 60 days of the above the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found under the Reference Area/"Appeals" of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division Universal Service Administrative Company



Universal Service Administrative Company

Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2013-2014

February 26, 2014

Jon Brent Detroit Public School District 3031 West Grand Blvd Suite 450 Detroit, MI 48202

Re: Applicant Name:

DETROIT PUBLIC SCHOOL DISTRICT

Billed Entity Number:

130944

Form 471 Application Number:

896784

Funding Request Number(s):

2462511 November 27, 2013

Decision Letter Date:
Date Appeal Postmarked:

February 24, 2014

Your Correspondence Dated:

February 24, 2014

Our records show that your appeal was postmarked more than 60 days after the date your Funding Commitment Decision Letter was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

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Schools and Libraries Division
Universal Service Administrative Company

USAC / SLD Appeal Detroit Public School District BEN 130944

February 24, 2014

Appeals – *Submitted Online*Schools and Libraries Division — Correspondence Unit 100 South Jefferson Road
P.O. Box 902
Whippany, New Jersey 07981

Re: Letter of Appeal - Case # 22-594454 (filed electronically)

Contact Information:

Contact Person Name: Jon Brent Contact Person Phone: 313-576-0335 Contact Person Fax: 313-873-3209

Contact Person E-Mail: jon.brent@detroitk12.org

Other Required Information:

Funding Year: 2013-2014

Applicant Name: Detroit Public School District

Billed Entity # : 130944

Form 471 Application#: 893512, 896784

FRN #, Service Provider Name, Service Provider SPIN: See chart below.

| Description | 471 App | FRN | SPIN | Service Provider Name | Funding Year | Cmtd Total Cost | Cmtd Disc | Cmtd Commitment |
|---------------|-------------|---------|-----------|----------------------------|-----------------|--------------------|--------------|---------------------------|
| Local Tel | 893512 | 2462374 | | XO Communication Service | | \$1.678.612.32 | 87 | Request \$1,460,392.72 |
| Cellular | 893512 | 2462379 | | AT&T Mobility | 2013 | \$678,572.64 | 87 | \$590,358.20 |
| WAN | 893512 | 2462380 | 143001727 | Michigan Bell Telephone Co | 2013 | \$4,396,946.52 | 87 | \$3,825,343.47 |
| Long Distance | 893512 | 2462383 | 143001157 | CenturyLink Qw est Commu | 2013 | \$7,231.56 | 87 | \$6,291.46 |
| Internet | 893512 | 2462419 | 143004331 | Merit Netw ork, Inc. | 2013 | \$526,050.00 | 87 | \$457,663.50 |
| POTS | 893512 | 2462427 | 143001727 | Michigan Bell Telephone Co | 2013 | \$293,129.76 | 87 | \$255,022.89 |
| Stu Email | 893512 | 2462452 | 143024051 | Gaggle.net, Inc. | 2013 | \$233,250.00 | 87 | \$202,927.50 |
| Admin Email | 893512 | 2462461 | 143004331 | Merit Netw ork, Inc. | 2013 | \$228,000.00 | 87 | \$198,360.00 |
| Hosted VoIP | 896784 | 2462511 | 143037077 | Encore Technology Group. | 2013 | \$1,513,980.00 | 87 | \$1,317,162.60 |
| 1 | Total P1 DP | S | | | | \$9,555,772.80 | | \$8,313,522.34 |

SLD action being appealed:

We are appealing the reduction in our district's shared discount rate from the original 90% as filed on our Form 471 applications to 87% on the Funding Commitment Decision Letters dated November 27, 2013.

Explanation from USAC FCDL (Funding Commitment Decision Letter):

"The shared discount percentage was reduced to a level that could be validated by third party data."

USAC / SLD Appeal Detroit Public School District BEN 130944

Basis for this appeal:

We believe that there was a math error due to either a forms error or a misunderstanding by PIA as to how these discounts are calculated for a consortium. Both of these Form 471's have the same identical set of three Block 4 worksheets. One is the main worksheet and two are sub-worksheets. On the original Form 471's the combined worksheet discount is 90%. On the current Form 471's (as approved) the discount has been reduced to 87%.

Details of this appeal: Detroit continues to experience many organizational changes. The transfer of several schools to a state authorized district (EAA) and the conversion of other schools to Charters required that we file our Form 471 as a Consortium. Because of this, there were three Block 4 Worksheets on each of our two Form 471's. The format and content of both Form 471's and the effect on all FRNs is identical. Each of the applications and all of the FRNs on this appeal are tied to the final (consolidated) worksheet #1545836. Details of the worksheets are in the table below. We have also attached the original and current versions of both Form 471s.

| Block 4 Worksheet Number | Description | Total Number of Students | Original Discount | Current Discount |
|--------------------------------|---|--|----------------------|---------------------|
| 1545837 | All EAA Schools | 11555 | 89% | 89% |
| 1545838 | All DPS Schools | 51054 | 88% | 88% |
| 1545836 | All Charter Schools + All EAA + All DPS All FRNs reference this worksheet | 3302 in Charters plus two worksheets above - 65,611 | 90% | 87% |

DPS has never agreed to, nor do we understand now, the reduction of our application from the original requested amount to 87%. We do understand how the original 90% discount could be reduced to 88% - because the bulk of the students reside in the DPS schools.

We did provide discount data to PIA on several occasions – and some of our responses agreed to reductions to individual entities. We have attached two of our PIA responses to this appeal (see Att 5 and Att 6). We also understand the overall confusion introduced by the rules around CEO schools. However, we disagree that any of the changes that we agreed to during PIA review would have reduced our discount below 88%.

DPS's shared discount was 88% in both FY2011 and FY2012. We would agree to this same shared discount in FY2013 but we disagree with a reduction to the 87% level.

USAC / SLD Appeal Detroit Public School District BEN 130944

We believe that the SLD should have given us notice of their intent to reduce our discount rate and we specifically requested that they do so on more than one occasion. Note that in our response to PIA's questions dated October 11, 2013 (excerpt below and full copy in Att. 6) we clearly stated:

DPS Response: We agree to the change in this entity's discount to 60%. According to our calculations, this change does not change the District's shared discount percentage from the requested 88%. Please advise if you do not agree.

Summary and Requested Action:

We are requesting that SLD consider our appeal and re-calculate the district's shared discount rate at 88% for all of the FRNs on this appeal.

Sincerely,

(filed electronically via SLD website)

Jon Brent

EXEC DIR DEPLOYMENT AND TECH SUPPORT

Detroit Public Schools 3031 West Grand Blvd.

Detroit, MI 48202 Ph: 313-576-0335

Fax: 313-873-3209

jon.brent@detroitk12.org

Included below:

Att 1: FCC Form 471 #896784 Original as submitted 03-13-13

Att 2: FCC Form 471 #893512 Original as submitted 03-13-13

Att 3: FCC Form 471 #896784 Current as awarded 11-27-13

Att 4: FCC Form 471 #893512 Current as awarded 11-27-13

Att 5: DPS Response to PIA dated 10-14-13

Att 6: DPS Response to PIA dated 10-18-13

Att 7: DPS-BTU Letter of Agency

FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.) The instructions include information on the deadlines for filing this application.

| Applicant's Form Ide | entifier (Create an i | identifier for your own reference) | | Form 471 Application #: |
|---|--|---|-------------------------------------|---|
| DPS471-02-2013 | | | | 896784 (To be assigned by administrator) |
| Block 1: Billed I | Entity Address | and Identifications | | |
| Name of Bille DETROIT PUBL Funding Year a Entity Number 3b FCC Registra 4a Street Addres 3011 WEST GRASUITE 1000 City DETROIT S | ed Entity LIC SCHOOL DIST 2013 er 130944 ation Number 0012 ss, P.O. Box, or Re AND BLVD State MI Zip Code | 2352134 oute Number 48202- | | |
| 4b Telephone N 4c Fax Number | umber (313) 576-0 (313) 748-6 | | | |
| C Individual Sc C School Distri C Library C Consortium C Statewide aprepresenting All public | ct (LEA; public of (including libra (intermediate oplication for (enter (check all that apps schools/districts in ablic schools in the sin the state | ublic or non-public school) or non-public [e.g. diocesan] local district represent ary system, library outlet/branch or library consortiun service agencies, states, state networks, special or r 2-letter state code) bly) the state | n as defined under LSTA) | es) |
| Entity Number: 1 | 30944 | | Applicant's Form Identifie | er: DPS471-02-2013 |
| Contact Person: | JON BRENT | | Contact Phone Number: (| 313) 873-8522 |
| 6a Contact Perso JON BRENT If the Contact Perso 6b Street Addre NOTE: USAC wi 3011 WEST GR/SUITE 1000 City DETROIT Check the box next 6c Telephon 6d Fax Numl 6e E-Mail Ad | on's Name n's Street Address ss, P.O. Box, or Rell use this address AND BLVD State MI Zip Cod to your preferred n e Number (313) 87 per (313) 87 | to mail correspondence about this form. de 48202- mode of contact and provide your contact informations 373 - 8522 73 - 3209 t@detroitk12.org | | and an entry provided. |
| 6f Holiday/vacat | ion/summer contac | ct information: please include name of alternate con | ntact (if applicable) and alternate | phone, fax or E-mail address |

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name Don Dietrich

Name of Consultant's Employer BTU Consultants

Consultant's Street Address 4 Media Ct

City St. Louis State MO Zip Code 63146 Consultant's Telephone Number (314) 378-1667 Ext. Consultant's Fax Number (636) 692-5958

Consultant's E-mail Address ddietrich@e-rateprofessionals.com Re-enter E-mail Address ddietrich@e-rateprofessionals.com

Consultant Registration Number 16049611

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: (313) 873-8522 |

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

| | | Schools | Libraries |
|--|---|---------|-----------|
| 7a Number of students | or patrons to be served | 67000 | 0 |
| b Telephone service: phone service | Number of classrooms or rooms with | 0 | 0 |
| c Direct connections to | the Internet: Number of drops | 0 | 0 |
| d Number of classroor | ns or rooms with Internet access | 0 | 0 |
| e Number of computer | s or other devices with Internet access | 0 | 0 |
| f Number of dial-up Int to 200 kbps: | ernet access and other connections of up | 0 | 0 |
| High-speed Internet | At or greater than 200 kbps and less than 1.5 mbps | 0 | 0 |
| access services: Number of | At or greater than 1.5 mbps and less than 3 mbps | 0 | 0 |
| buildings served at the following g speeds (please use | At or greater than 3 mbps and less than 10 mbps | 0 | 0 |
| advertised download speed coming into | At or greater than 10 mbps and less than 25 mbps | 0 | 0 |
| building, not actual speed in classroom | At or greater than 25 mbps and less than 50 mbps | 0 | 0 |
| or work area): | At or greater than 50 mbps and less than 100 mbps | 0 | 0 |
| | Greater than 100 mbps | 0 | 0 |

Block 3:

8 [Reserved]

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: (313) 873-8522 |

Block 4: Discount Calculation Worksheet

Worksheet - 1545836

Page 1 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|----------|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---------------------------------|----------------|---|-----------|--------------------|
| Name of Eligible Entity | | Urban or Rural U or R | Total Number of Students | | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | Weighted Product | Education, J = | Entity Number of School District in which Library Outlet/Branch is Located | | Shared Discount |
| ALL EN | ITITIES | | | S | CHOOLS AND LIE | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| EDUCATION ACHIEVEMENT AUTHORITY OF MICHIGAN | 16069127 | U | 0 | 0 | 0.000% | 89 | N | N | | 0 | | | 89 | |
| DETROIT PUBLIC SCHOOL DISTRICT | 130944 | U | 0 | 0 | 0.000% | 88 | N | N | | 0 | | | 88 | |

| GEE EDMONSON ACADEMY | 54830 | U | 313 | 276 | 88.179% | 90 | N | N | N | 28170 | | 90 | |
|--|---|--------------------|-----|-----|----------|----|--------|--------|------|-------------|---|-------|-----|
| HAMILTON ELEMENTARY SCHOOL | 55022 | U | 495 | 438 | 88.485% | 90 | N | N | N | 44550 | | 90 | |
| LOGAN ELEMENTARY SCHOOL | 54975 | U | 519 | 480 | 92.486% | 90 | N | N | N | 46710 | | 90 | |
| LOVING ELEMENTARY SCHOOL | 54979 | U | 233 | 222 | 95.279% | 90 | N | N | N | 20970 | | 90 | |
| MACDOWELL ELEMENTARY SCHOOL | 55101 | U | 437 | 385 | 88.101% | 90 | N | N | N | 39330 | | 90 | |
| RUTHERFORD ACADEMY | 55123 | U | 346 | 305 | 88.150% | 90 | N | N | N | 31140 | | 90 | |
| GEE WHITE ACADEMY | 54992 | U | 630 | 543 | 86.190% | 90 | N | N | N | 56700 | | 90 | |
| FERGUSON ACAD FOR YOUNG WOMEN | 54938 | U | 231 | 190 | 82.251% | 90 | N | N | N | 20790 | | 90 | |
| GLAZER ELEMENTARY SCHOOL | 55296 | U | 235 | 204 | 86.809% | 90 | N | N | N | 21150 | | 90 | |
| 9b Shared Services | | | | | | | | | | | | | |
| SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to result in Column 15. | ol districts.) Calcula and 11. Divide the | te the total of | | | | | | | | | | | |
| LIBRARY SYSTEMS Column 7. Divide thi outlets/branches. Er 15. | is total by the numb | per of | | | | | | | | | | | |
| CONSORTIA: Calcu 14. Divide this total the entities. Enter the re | by the number of m | | | | | | | | | | | 987 | 90% |
| Entity Number: | · | | · | · | <u> </u> | - | Applic | cant's | Form | Identifier: | · | · | |

Block 4: Discount Calculation Worksheet

Worksheet - 1545837

Page 2 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Contact Phone Number:

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

Contact Person:

(For Administrator's Use)

School District or Library System Name:

| | 3 3 | | | | | | | | | | | 3 3 | , | |
|-------------------------------------|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|---|---|---------------------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | TITIES | | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| BRENDA M. SCOTT MIDDLE SCHOOL | 16047449 | U | 863 | 768 | 88.992% | 90 | N | N | N | 77670 | | | | |
| TRIX ELEMENTARY SCHOOL | 54885 | U | 429 | 366 | 85.315% | 90 | N | N | N | 38610 | | | | |
| CENTRAL HIGH SCHOOL | 54903 | U | 794 | 634 | 79.849% | 90 | N | N | N | 71460 | | | | |
| DENBY HIGH SCHOOL | 55134 | U | 1158 | 902 | 77.893% | 90 | N | N | N | 104220 | | | | |
| FITZGERALD BETHUNE | 55299 | U | 763 | 595 | 77.982% | 90 | N | N | N | 68670 | | | | |
| FORD HIGH SCHOOL | 55075 | U | 927 | 735 | 79.288% | 90 | N | N | N | 83430 | | | | |
| LAW ACADEMY | 55232 | U | 755 | 682 | 90.331% | 90 | N | N | N | 67950 | | | | |
| MUMFORD HIGH SCHOOL | 55111 | U | 1050 | 772 | 73.524% | 80 | N | N | N | 84000 | | | | |
| MURPHY MIDDLE SCHOOL | 55121 | U | 677 | 616 | 90.990% | 90 | N | N | N | 60930 | | | | |
| NOLAN MIDDLE SCHOOL | 54854 | U | 596 | 522 | 87.584% | 90 | N | N | N | 53640 | | | | |
| PERSHING HIGH SCHOOL | 55222 | U | 858 | 764 | 89.044% | 90 | N | N | N | 77220 | | | | |
| PHOENIX MULTICULTURAL ACADEMY | 54948 | U | 430 | 413 | 96.047% | 90 | N | N | N | 38700 | | | | |
| SOUTHEASTERN HIGH SCHOOL | 55033 | U | 1160 | 975 | 84.052% | 90 | N | N | N | 104400 | | | | |
| STEWART ELEMENTARY SCHOOL | 55313 | U | 492 | 462 | 93.902% | 90 | N | N | N | 44280 | | | | |
| BURNS ELEMENTARY SCHOOL | 55178 | U | 603 | 535 | 88.723% | 90 | N | N | N | 54270 | | | | |
| 9b Shared Services | | | | | | | | | | | | | | |
| SCHOOL DISTRICT | | | | | | | | | | | | | | |
| schools within school | oi districts.) Calcula | te the | | | | | | | | | | | | |

| totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15. | | | | 1029450 | | 89% |
|---|--|--|--|---------|--|-----|
| LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15. | | | | | | |
| CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15. | | | | | | |

Entity Number: Applicant's Form Identifier:

Contact Person: Contact Phone Number:

Block 4: Discount Calculation Worksheet

Worksheet - 1545838 Page 3 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|--|---|---------------------------------|-------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discour |
| ALL EN | TITIES | | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| A L HOLMES ELEMENTARY SCHOOL | 55010 | U | 430 | 396 | 92.093% | 90 | N | N | N | 38700 | | | | |
| CADEMY OF THE MERICAS | 54976 | U | 692 | 587 | 84.827% | 90 | N | N | N | 62280 | | | | |
| ANN ARBOR TRAIL MAGNET MIDDLE SCHOOL | 55314 | U | 480 | 349 | 72.708% | 80 | N | N | N | 38400 | | | | |
| BAGLEY ELEMENTARY SCHOOL | 55113 | U | 417 | 358 | 85.851% | 90 | N | N | N | 37530 | | | | |
| SATES ACADEMY | 55116 | U | 867 | 494 | 56.978% | 80 | N | N | N | 69360 | | | | |
| BEARD ELEMENTARY | 235261 | U | 80 | 75 | 93.750% | 90 | N | N | N | 7200 | | | | |
| BENNETT ELEMENTARY SCHOOL | 54944 | U | 485 | 458 | 94.433% | 90 | N | N | N | 43650 | | | | |
| BLACKWELL INST OF NTNL STUDY | 55019 | U | 596 | 508 | 85.235% | 90 | N | N | N | 53640 | | | | |
| SOW ELEMENTARY SCHOOL | 55246 | U | 647 | 542 | 83.771% | 90 | N | N | N | 58230 | | | | |
| REITHAUPT OC/TECH CENTER | 55188 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | | | |
| BREWER ELEMENTARY MIDDLE SCHOOL | 54898 | U | 636 | 555 | 87.264% | 90 | N | N | N | 57240 | | | | |
| BUNCHE ELEMENTARY MIDDLE SCHOOL | 54925 | U | 555 | 461 | 83.063% | 90 | N | N | N | 49950 | | | | |
| BURTON NTERNATIONAL SCHOOL | 54836 | U | 845 | 595 | 70.414% | 80 | N | N | N | 67600 | | | | |
| CARLETON ELEMENTARY SCHOOL | 55132 | U | 478 | 440 | 92.050% | 90 | Ν | N | N | 43020 | | | | |
| CARSTENS ELEMENTARY SCHOOL | 55047 | U | 200 | 191 | 95.500% | 90 | N | N | N | 18000 | | | | |
| CARVER ELEMENTARY SCHOOL | 55199 | U | 397 | 307 | 77.330% | 90 | N | N | N | 35730 | | | | |
| CASS TECHNICAL HIGH SCHOOL | 54837 | U | 2138 | 1224 | 57.250% | 80 | N | N | N | 171040 | | | | |
| CHARLES WRIGHT ACADEMY | 235257 | U | 653 | 570 | 87.289% | 90 | N | N | N | 58770 | | | | |
| CHRYSLER ELEMENTARY SCHOOL | 54920 | U | 176 | 99 | 56.250% | 80 | N | N | N | 14080 | | | | |
| CLARK ELEMENTARY SCHOOL | 55147 | U | 584 | 471 | 80.651% | 90 | N | N | N | 52560 | | | | |
| CLIPPERT ACADEMY | 54945 | U | 530 | 497 | 93.774% | 90 | Ν | N | N | 47700 | | | | |
| CODY ACADEMIES | 55184 | U | 1158 | 1024 | 88.428% | 90 | Ν | N | N | 104220 | | | | |
| COMMUNICATION- MEDIA ARTS H S | 55164 | U | 504 | 273 | 54.167% | 80 | N | N | N | 40320 | | | | |
| COOKE ELEMENTARY SCHOOL | 55120 | U | 369 | 301 | 81.572% | 90 | N | N | N | 33210 | | | | |
| CROCKETT CAREER AND TECHNICAL CENTER | 235252 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DAVIS AEROSPACE TECHNICAL HIGH | 55237 | U | 202 | 152 | 75.248% | 90 | N | N | N | 18180 | | | | |
| DAVISON ELEMENTARY SCHOOL | 54985 | U | 700 | 646 | 92.286% | 90 | N | N | N | 63000 | | | | |

| INTERNATIONAL ACADEMY | 54843 | U | 615 | 521 | 84.715% | 90 | N | N | N | 55350 | I | |
|--|-------------------|---|------------|------------|--------------------|----|--------|--------|--------|----------------|---|--|
| DETROIT LIONS ALT ED | 55026 | U | 109 | 94 | 86.239% | 90 | N | N | N | 9810 | | |
| DETROIT SCHOOL OF THE ARTS | 16052592 | U | 709 | 428 | 60.367% | 80 | N | N | N | 56720 | | |
| DIXON EDUCATIONAL LEARNING ACADEMY | 55191 | U | 770 | 619 | 80.390% | 90 | N | N | N | 69300 | | |
| DOSSIN ELEMENTARY SCHOOL | 55161 | U | 400 | 338 | 84.500% | 90 | N | N | N | 36000 | | |
| CHARLES R. DREW | 16029208 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | |
| TRANSITION CENTER DSA EAST - DUKE | 16047426 | U | 454 | 362 | 79.736% | 90 | N | N | N | 40860 | | |
| ELLINGTON CAMPUS DURFEE ELEMENTARY | 54904 | U | 626 | 500 | 79.872% | 90 | N | N | N | 56340 | | |
| SCHOOL EARHART MIDDLE | 54955 | U | 313 | 217 | 69.329% | 80 | N | N | N | 25040 | | |
| SCHOOL EAST ENGLISH | | | | | | | | | | | | |
| VILLAGE PREPATORY ACADEMY | 16071375 | U | 1086 | 877 | 80.755% | 90 | N | N | N | 97740 | | |
| EDISON ELEMENTARY SCHOOL | 55162 | U | 337 | 286 | 84.866% | 90 | N | N | N | 30330 | | |
| EMERSON ELEMENTARY SCHOOL | 55080 | U | 649 | 584 | 89.985% | 90 | N | N | N | 58410 | | |
| FIELD MOSES FISHER MAGNET | 54853 | U | 126 | 98 | 77.778% | 90 | N | N | N | 11340 | | |
| LOWER FISHER MAGNET | 235253 | U | 733 | 700 | 95.498% | 90 | N | N | N | 65970 | | |
| UPPER FOREIGN LANGUAGE | 16047435 | U | 637 | 568 | 89.168% | 90 | N | N | N | 57330 | | |
| IMMERSION SCH | 54980 | U | 663 | 411 | 61.991% | 80 | N | N | N | 53040 | | |
| FREDERICK DOUGLASS HI SCH & ACADEMY | 54915 | U | 285 | 237 | 83.158% | 90 | N | N | N | 25650 | | |
| GARDNER ELEMENTARY SCHOOL | 55203 | U | 251 | 217 | 86.454% | 90 | N | N | N | 22590 | | |
| GARVEY ACADEMY | 55041 | U | 597 | 522 | 87.437% | 90 | N | N | N | 53730 | | |
| GOLIGHTLY CAREER/TECH | 55050 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | |
| CENTER GOLIGHTLY EDUCATIONAL | 54848 | U | 583 | 363 | 62.264% | 80 | N | N | N | 46640 | | |
| CENTER GOMPERS | 55130 | U | 235 | 203 | 86.383% | 90 | N | N | N | 21150 | | |
| ELEMENTARY SCHOOL GREENFIELD UNION | 54856 | U | 434 | 359 | 82.719% | 90 | N | N | N | 39060 | | |
| ELEM SCHOOL HARMS ELEMENTARY | 54943 | U | 551 | 529 | 96.007% | 90 | N | N | N | 49590 | | |
| SCHOOL HENDERSON | 16047440 | U | 733 | 622 | 84.857% | 90 | N | N | N | 65970 | - | |
| ACADEMY HUTCHINSON | 10047440 | U | 733 | 022 | 04.037% | 90 | IN | IN | IN | 65970 | | |
| SCHOOL JERRY L WHITE | 16070783 | U | 410 | 351 | 85.610% | 90 | N | N | N | 36900 | | |
| CENTER HIGH SCHOOL JOHN R. KING ACAD | 16047450 | U | 275 | 220 | 80.000% | 90 | N | N | N | 24750 | | |
| AND PERF ARTS ACADEMY | 55263 | U | 1023 | 913 | 89.247% | 90 | N | N | N | 92070 | | |
| KEIDAN ELEMENTARY SCHOOL | 54869 | U | 169 | 144 | 85.207% | 90 | N | N | N | 15210 | | |
| KETTERING HIGH SCHOOL | 55013 | U | 107 | 105 | 98.131% | 90 | N | N | N | 9630 | | |
| KING HIGH SCHOOL LUDINGTON MAGNET | 54924 | U | 1402 | 984 | 70.185% | 80 | N | N | N | 112160 | | |
| MIDDLE SCHOOL MACKENZIE PRE K-8 | 55079 | U | 537 | 367 | 68.343% | 80 | N | N | N | 42960 | | |
| MANN ELEMENTARY | 16064447 55204 | U | 934 386 | 837 345 | 89.615% 89.378% | 90 | Y N | N N | N N | 84060 34740 | | |
| SCHOOL MARK TWAIN | 55059 | U | 280 | 220 | 78.571% | 90 | N | N | N | 25200 | | |
| ELEMENTARY SCHOOL MARQUETTE | 55269 | U | 857 | 709 | | 90 | N | N | N | | | |
| ELEMENTARY SCHOOL MASON ELEMENTARY | | U | 316 | | 82.730% | 90 | N | N | N | 77130 | | |
| SCHOOL MAYBURY | 55219 54954 | U | 584 | 278 559 | 87.975% | 90 | N | | N | 28440 | | |
| ELEMENTARY SCHOOL MUNGER | | | | | 95.719% | | | N | | 52560 | | |
| ELEMENTARY-MIDDLE SCHOOL | 54968 | U | 862 | 748 | 86.775% | 90 | Υ | N | N | 77580 | | |
| NEINAS ELEMENTARY SCHOOL | 54946 | U | 336 | 330 | 98.214% | 90 | N | N | N | 30240 | | |
| NICHOLS ELEMENTARY SCHOOL | 55031 | U | 374 | 327 | 87.433% | 90 | N | N | N | 33660 | | |
| NOBLE ELEMENTARY SCHOOL | 55309 | U | 431 | 351 | 81.439% | 90 | N | N | N | 38790 | | |
| NORTHWESTERN HIGH SCHOOL | 54929 | U | 835 | 665 | 79.641% | 90 | N | N | N | 75150 | | |
| OAKMAN ELEMENTARY SCHOOL | 55175 | U | 226 | 184 | 81.416% | 90 | N | N | N | 20340 | | |
| OSBORN HIGH SCHOOL | 54889 | U | 941 | 775 | 82.359% | 90 | N | N | N | 84690 | | |
| PALMER PARK PREPARATORY | 230748 | U | 553 | 463 | 83.725% | 90 | N | N | N | 49770 | | |

| ACADEMY PASTEUR ELEMENTARY SCHOOL PAUL ROBESON MALCOM X ACADMEY | 55105 | U | 341 | 284 | 83.284% | 90 | N | | | | i | î — | 1 |
|--|---|--------------------------------|-------|------|----------|----|----|---|---|---------|---|-----|-----|
| PAUL ROBESON | | | | _0. | 05.20470 | 90 | IN | N | N | 30690 | | | |
| | 55308 | U | 574 | 453 | 78.920% | 90 | N | N | N | 51660 | | | |
| PRIEST ELEMENTARY SCHOOL | 54964 | U | 861 | 793 | 92.102% | 90 | N | N | N | 77490 | | | |
| PULASKI ELEMENTARY SCHOOL | 54887 | U | 616 | 569 | 92.370% | 90 | N | N | N | 55440 | | | |
| RANDOLPH CAREER/TECH CENTER | 55258 | U | 3 | 0 | 0.000% | 20 | N | N | N | 60 | | | |
| RENAISSANCE HIGH SCHOOL | 55247 | U | 1112 | 555 | 49.910% | 80 | N | N | N | 88960 | | | |
| ROBERT BROWN ACADEMY | 235251 | U | 1082 | 863 | 79.760% | 90 | N | N | N | 97380 | | | |
| ROBERTO CLEMENTE LEARNING ACADEMY | 16047406 | U | 808 | 780 | 96.535% | 90 | N | N | N | 72720 | | | |
| SAMPSON SCHOOL | 54880 | U | 370 | 320 | 86.486% | 90 | N | N | N | 33300 | | | |
| SCHULZE ELEMENTARY SCHOOL | 55109 | U | 768 | 609 | 79.297% | 90 | N | N | N | 69120 | | | |
| SPAIN ELEMENTARY SCHOOL | 54834 | U | 755 | 601 | 79.603% | 90 | N | N | N | 67950 | ì | | |
| THIRKELL ELEMENTARY SCHOOL | 54909 | U | 466 | 437 | 93.777% | 90 | N | N | N | 41940 | | | |
| THURGOOD MARSHALL ELEM SCHOOL | 55300 | U | 332 | 310 | 93.373% | 90 | N | N | N | 29880 | | | |
| TURNING POINT ACADEMY | 54893 | U | 92 | 72 | 78.261% | 90 | N | N | N | 8280 | | | |
| VERNOR ELEMENTARY SCHOOL | 55239 | U | 290 | 209 | 72.069% | 80 | N | N | N | 23200 | | | |
| WAYNE ELEMENTARY SCHOOL | 55137 | U | 364 | 322 | 88.462% | 90 | N | N | N | 32760 | | | |
| WEST SIDE | 235258 | U | 524 | 447 | 85.305% | 90 | N | N | N | 47160 | | | |
| ALTERNATIVE ED HS WESTERN | | | | | | | | | | | | | |
| INTERNATIONAL HIGH SCH | 54951 | U | 1497 | 1108 | 74.015% | 80 | N | N | N | 119760 | | | |
| WILKINS ELEMENTARY SCHOOL | 54900 | U | 357 | 316 | 88.515% | 90 | N | N | N | 32130 | | | |
| WILLIAM BECKHAM ACADEMY | 235250 | U | 632 | 536 | 84.810% | 90 | Ν | N | N | 56880 | | | |
| YOUNG ELEMENTARY SCHOOL | 55171 | U | 655 | 522 | 79.695% | 90 | N | Ν | N | 58950 | | | |
| CENTRAL DISTRIBUTION CENTER | 16047596 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| DETROIT DAY SCH FOR THE DEAF | 54828 | U | 0 | 0 | 0.000% | 88 | Ν | N | N | 0 | | | |
| EAST HUB | 16028647 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| EAST SIDE BUS FACILITY | 16029180 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| FISHER BUILDING | 16047597 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| FLEMING ELEMENTARY SCHOOL | 54894 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| HARRIS PROFESSIONAL DEVELOPMENT | 54916 | U | 0 | 0 | 0.000% | 88 | | N | N | 0 | | | |
| LAWLON BUILDING OFFICE OF PUBLIC | 16047649 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| SAFETY SUPPORT SERVICES | 16029205 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| COMPLEX BUILDING A SUPPORT SERVICES | 16047664 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| COMPLEX BUILDING B | 16047665 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| SUPPORT SERVICES COMPLEX BUILDING C | 16047666 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| WEST HUB WESTSIDE BUS | 16028678 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| TERMINAL | 16047667 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | |
| 9b Shared Services SCHOOL DISTRICTS: | · (Including group | ns of | | | | | | | | | | | |
| schools within school of totals of Columns 4 an Column 11 by the total result in Column 15. | districts.) Calcula nd 11. Divide the I of Column 4. Er | te the total of nter the | 51054 | | | | | | | 4473350 | | | 88% |
| LIBRARY SYSTEMS: Column 7. Divide this to outlets/branches. Ente 15. | total by the number the result in Co | oer of olumn | | | | | | | | | | | |
| CONSORTIA: Calcular 14. Divide this total by entities. Enter the resu | the number of m | | | | | | | | | | | | |

Entity Number: 130944

Applicant's Form Identifier: DPS471-02-2013

Contact Person: JON BRENT

Contact Phone Number: (313) 873-8522

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are

| O If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, ur etc.), check this box and enter the original FRN in the space provided: Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 534620001077151 13 SPIN – Service Provider Identification Number 143034550 14 Service Provider Name Computer Software Innovations, Inc 15a Check this box if this Funding Request is for non-contracted tariffed or month-month services. | 23 Recurring Charges | Calculations A. Monthly charges (total amount per month for service) \$106,365.00 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
|---|-----------------------|---|--|--|--|
| Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 534620001077151 13 SPIN - Service Provider Identification Number 143034550 14 Service Provider Name Computer Software Innovations, Inc 15a Check this box if this Funding Request is for non-contracted tariffed or month-month services. | Recurring | A. Monthly charges (total amount per month for service) \$106,365.00 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
| Telecommunications Service Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 534620001077151 13 SPIN - Service Provider Identification Number 143034550 14 Service Provider Name Computer Software Innovations, Inc 15a Check this box if this Funding Request is for non-contracted tariffed or month-month services. | | \$106,365.00 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
| Form 470 Application Number 534620001077151 SPIN – Service Provider Identification Number 143034550 Service Provider Name Computer Software Innovations, Inc 15a Check this box if this Funding Request is for non-contracted tariffed or month-month services. | | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
| 534620001077151 13 SPIN - Service Provider Identification Number 143034550 14 Service Provider Name Computer Software Innovations, Inc 15a Check this box if this Funding Request is for non-contracted tariffed or month-month services. | | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
| 3 SPIN - Service Provider Identification Number 143034550 4 Service Provider Name Computer Software Innovations, Inc 5a Check this box if this Funding Request is for non-contracted tariffed or monthmonth services. | | \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
| 143034550 14 Service Provider Name Computer Software Innovations, Inc 15a Check this box if this Funding Request is for non-contracted tariffed or monthmonth services. | | C. Eligible monthly pre-discount amount (A minus B) \$106,365.00 | | | |
| 4 Service Provider Name Computer Software Innovations, Inc 5a Check this box if this Funding Request is for non-contracted tariffed or monthmonth services. | | \$106,365.00 | | | |
| Computer Software Innovations, Inc 5a Check this box if this Funding Request is for non-contracted tariffed or monthmonth services. | | <u> </u> | | | |
| 5a Check this box if this Funding Request is for non-contracted tariffed or monthmonth services. | | D. Northern of manufacture 1 | | | |
| 5a Check this box if this Funding Request is for non-contracted tariffed or month-month services. | III I | D. Number of months service provided in funding year | | | |
| month services. | | 12 | | | |
| | | E. Annual pre-discount amount for eligible recurring charges (C x D) | | | |
| 5b Contract Number | | \$1,276,380.00 | | | |
| WCR-MI-2013-VOICE 5c ☐ Check this box if this Funding Request is covered under a master contract (a | | F. Annual non-recurring charges | | | |
| ntract negotiated by a third party, the terms and conditions of which are then made | | \$237,600.00 | | | |
| ailable to an eligible entity that purchases directly from the service provider). 5d Check this box if this Funding Request is a continuation of an FRN from a | | | | | |
| evious funding year based on a multi-year contract. If so, provide that FRN here: | | G. How much of the amount in F is ineligible? | | | |
| 16a Billing Account Number (e.g., billed telephone number) | Non- Recurring | \$0.00 | | | |
| N/A | Charges | , , , , , , , , , , , , , , , , , , , | | | |
| 6b Check this box if there are multiple Billing Account Numbers and attach a mplete list of those numbers to this page. | | | | | |
| 7 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) | | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) | | | |
| 01/17/2013 | | \$237.600.00 | | | |
| 18 Contract Award Date (mm/dd/yyyy) 03/08/2013 | ╟ | Ψ231,000.00 | | | |
| 19 Service Start Date (mm/dd/yyyy) | | Total funding year pre-discount amount (E + H) | | | |
| | Total | \$1,513,980.00 | | | |
| | Charges | J. Discount from Block 4 Worksheet 90.00 | | | |
| Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2016 | | K. Funding Commitment Request (I x J) \$1,362,582.00 | | | |
| 21 Description of This Service: NOTE: All Item 21 Attachments must be You MUST attach a description of the service, including a breakdown of components, cost | | 9 | | | |
| must include any additional account or telephone numbers if the billed account has multiple | | | | | |
| Number, and note number in space provided. | | | | | |
| a. If the service is sit and not shared by of | thers), list th | ne Entity Number of | | | |
| 22 Entity/Entities Receiving This Service the entity from Block | | | | | |
| ZZ Zmrty/zmrties reserving rims service: | | | | | |
| b. If the service is sh worksheet, list the w | | | | | |
| b. If the service is sh worksheet, list the w | orksheet nu | | | | |

25 I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

| III. | ing year pre-discount amount on this Form 471 ntries from Items 23I on all Block 5 Discount Funding Requests.) | 1513980 |
|--------------|---|----------|
| III | ing commitment request amount on this Form 471 ntries from Items 23K on all Block 5 Discount Funding Requests.) | 1362582 |
| | icant non-discount share em 25b from Item 25a.) | 151398 |
| d Total budg | geted amount allocated to resources not eligible for E-rate support | 18500000 |
| services re | unt necessary for the applicant to pay the non-discount share of the quested on this application AND to secure access to the resources to make effective use of the discounts. (Add Items 25c and 25d.) | 18651398 |

- Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- 26 I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
 - Or I certify that no technology plan is required by Commission rules.
- 27 I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 30 I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

| 1 -3 | |
|---------------------------|---|
| Entity Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
| Contact Person: JON BRENT | Contact Phone Number: (313) 873-8522 |

Block 6: Certification and Signature (Continued)

- 31 🗹 I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 34 I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(q)(1), (2).

| 36 F | I certify that this funding request does not constitute a request for internal connection the Commission requirement that eligible entities are not eligible for such support mor Commission's rules at 47 C.F.R. § 54.506(c). | ons services, except basic maintenance services, in violation of ore than twice every five funding years as required by the |
|-------------|--|---|
| 37 F | I certify that the non-discount portion of the costs for eligible services will not be paid services featured on this Form 471 are net of any rebates or discounts offered by the rule, the provision, by the provider of a supported service, of free services or products rebate of some or all of the cost of the supported services. | service provider. I acknowledge that, for the purpose of this |
| 38 | Signature of authorized person | 39 Date 03/13/2013 |
| 40 | Printed name | |
| 40 | of authorized | |
| | person JON BRENT | |
| 4.4 | | |
| 41 | Title or position of authorized | |
| | person EXEC DIR DEPLOYMENT AND TECH SUPPORT | |
| | - | |
| | Check here if the consultant in Item 6g is the Authorized Person. | |
| 42a | Street Address, P.O. Box, or Route Number | |
| | 3031 WEST GRAND BLVD | |
| | SUITE 450 | |
| | City DETROIT State MI Zip Code 48202- | |
| Entity | <u> </u> | plicant's Form Identifier: DPS471-02-2013 |
| | | ntact Phone Number: (313) 873-8522 |
| 42b | | |
| | of authorized | |
| | Person (313) 873-8522 | |
| 42c | Fax Number of Authorized Person | |
| | (313) 873-3209 | |
| 42d | E-mail Address of authorized | |
| | Person jon.brent@detroitk12.org | |
| | Re-enter E-mail Address jon.brent@detroitk12.org | |
| | Ne-enter L-mail Address Johnbrent@detrolik12.org | |
| 4.0 | Al CARL L | |
| 42e | Name of Authorized Person's Employer | |
| NOTI | | and and likewise and view armines that are alimited for and applying |

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026

Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms

ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046

(888) 203-8100

FCC Form 471 - October 2010



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FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.) The instructions include information on the deadlines for filing this application.

| Applicant's Form Ider | ntifier (Create an i | dentifier for your own reference) | | Form 471 Application #: |
|--|--|---|------------------------------------|--|
| DPS471-01-2013 | | | | 893512 (To be assigned by administrator) |
| Block 1: Billed E | ntity Address | and Identifications | | |
| 1 Name of Billed DETROIT PUBLI | d Entity C SCHOOL DIST | RICT | | |
| 2 Funding Year | 2013 | | | |
| 3a Entity Number | r 130944 | | | |
| 3b FCC Registrat | tion Number 0012 | 352134 | | |
| 4a Street Addres 3011 WEST GRA SUITE 1000 | s, P.O. Box, or Ro ND BLVD | oute Number | | |
| City DETROIT St | tate MI Zip Code | 48202- | | |
| 4b Telephone Nu | ımber (313) 576-0 | 0335 | | |
| 4c Fax Number | (313) 748-6 | 103 | | |
| C Individual Sch C School District C Library C Consortium C Statewide apprepresenting (All public sch All non-public sch All libraries 5b Recipient(s) o | ct (LEA; public of (including libral (intermediate plication for (enter check all that applichools/districts in polic schools in the sin the state | ablic or non-public school) or non-public [e.g. diocesan] local district represent ry system, library outlet/branch or library consortium service agencies, states, state networks, special or 2-letter state code) by) the state | n as defined under LSTA) | es) |
| Entity Number: 1: | 30944 | | Applicant's Form Identifie | er: DPS471-01-2013 |
| Contact Person: . | JON BRENT | | Contact Phone Number: (| 313) 873-8522 |
| 6a Contact Person JON BRENT If the Contact Person 6b Street Addres NOTE: USAC will | on's Name o's Street Address os, P.O. Box, or Ro | to mail correspondence about this form. | ot, complete Item 6b. | |
| City DETROIT | State MI Zip Cod | de 48202- | | |
| Check the box next to | o your preferred m | node of contact and provide your contact informatic | on. One box MUST be checked a | and an entry provided. |
| 6c Telephone 6d Fax Numb 6e E-Mail Add Re-enter E-mail A | er (313) 87 | 3 - 3209 @detroitk12.org | | |
| 6f Holiday/vacation | on/summer contac | t information: please include name of alternate con | tact (if applicable) and alternate | phone, fax or E-mail address |

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name Don Dietrich Name of Consultant's Employer BTU Consultants

Consultant's Street Address 4 Media Ct

City St. Louis State MO Zip Code 63146 Consultant's Telephone Number (314) 378-1667 Ext. Consultant's Fax Number (636) 692-5958

Consultant's E-mail Address ddietrich@e-rateprofessionals.com Re-enter E-mail Address ddietrich@e-rateprofessionals.com

Consultant Registration Number 16049611

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-01-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: (313) 873-8522 |

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

| | | Schools | Libraries | | | | | |
|--|--|---------|-----------|--|--|--|--|--|
| 7a Number of students | or patrons to be served | 57000 | 0 | | | | | |
| b Telephone service: phone service | Number of classrooms or rooms with | 4000 | 0 | | | | | |
| c Direct connections to | the Internet: Number of drops | 1 0 | | | | | | |
| d Number of classroor | ns or rooms with Internet access | 7000 | 0 | | | | | |
| e Number of computer | s or other devices with Internet access | 20000 | 0 | | | | | |
| f Number of dial-up Int to 200 kbps: | ernet access and other connections of up | 0 | 0 | | | | | |
| High-speed Internet | At or greater than 200 kbps and less than 1.5 mbps | 0 | 0 | | | | | |
| access services: Number of | At or greater than 1.5 mbps and less than 3 mbps | 0 | 0 | | | | | |
| buildings served at the following g speeds (please use | At or greater than 3 mbps and less than 10 mbps | 0 | 0 | | | | | |
| advertised download speed coming into | At or greater than 10 mbps and less than 25 mbps | 0 | 0 | | | | | |
| building, not actual speed in classroom | At or greater than 25 mbps and less than 50 mbps | 0 | 0 | | | | | |
| or work area): | At or greater than 50 mbps and less than 100 mbps | 0 | 0 | | | | | |
| | Greater than 100 mbps | 1 | 0 | | | | | |

Block 3:

8 [Reserved]

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-01-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: (313) 873-8522 |

Block 4: Discount Calculation Worksheet

Worksheet - 1548998 Page 1 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|------------------------------|----------|-----------------------|--|---|---------------------------------|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Dicc | | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | | | |
| EDUCATION ACHIEVEMENT AUTHORITY OF MICHIGAN | 16069127 | U | 0 | 0 | 0.000% | 89 | N | N | N | 0 | | | 89 | |
| GEE EDMONSON ACADEMY | 54830 | U | 313 | 276 | 88.179% | 90 | N | N | N | 28170 | | | 90 | |

| FERGUSON ACAD FOR YOUNG WOMEN | 54938 | U | 231 | 190 | 82.251% | 90 | N | N | N | 20790 | | | 90 | | |
|---|---|--|-----|-----|---------|----|------------------------------|-----------------------|------|------------|--|--|-----|-----|--|
| RUTHERFORD ACADEMY | 55123 | U | 346 | 305 | 88.150% | 90 | N | N | N | 31140 | | | 90 | | |
| GLAZER ELEMENTARY SCHOOL | 55296 | U | 235 | 204 | 86.809% | 90 | N | N | N | 21150 | | | 90 | | |
| HAMILTON ELEMENTARY SCHOOL | 55022 | U | 495 | 438 | 88.485% | 90 | N | N | N | 44550 | | | 90 | | |
| LOGAN ELEMENTARY SCHOOL | 54975 | U | 519 | 480 | 92.486% | 90 | N | N | N | 46710 | | | 90 | | |
| LOVING ELEMENTARY SCHOOL | 54979 | U | 233 | 222 | 95.279% | 90 | N | N | N | 20970 | | | 90 | | |
| DETROIT PUBLIC SCHOOL DISTRICT | 130944 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | 88 | | |
| GEE WHITE ACADEMY | 54992 | U | 630 | 543 | 86.190% | 90 | Ν | N | N | 56700 | | | 90 | | |
| 9b Shared Services SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to result in Column 15 LIBRARY SYSTEM: Column 7. Divide th outlets/branches. En | TS: (Including group of districts.) Calcula and 11. Divide the otal of Column 4. E S: Calculate the tot is total by the numb | te the total of nter the cal of per of | | | | | | | | | | | | | |
| 15. CONSORTIA: Calcu 14. Divide this total entities. Enter the re Entity Number: | by the number of m | | | | | | Applie | ant's | Form | Identifier | | | 897 | 90% | |
| | | | | | | | Applicant's Form Identifier: | | | | | | | | |
| Contact Person: | | | | | | | | Contact Phone Number: | | | | | | | |

Block 4: Discount Calculation Worksheet

Worksheet - 1548999

Page 2 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

 \square Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|---|---|---------------------------------|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | TITIES | | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| BRENDA M. SCOTT MIDDLE SCHOOL | 16047449 | U | 863 | 768 | 88.992% | 90 | N | N | N | 77670 | | | | |
| TRIX ELEMENTARY SCHOOL | 54885 | U | 429 | 366 | 85.315% | 90 | N | N | N | 38610 | | | | |
| CENTRAL HIGH SCHOOL | 54903 | U | 794 | 634 | 79.849% | 90 | N | N | N | 71460 | | | | |
| DENBY HIGH SCHOOL | 55134 | U | 1158 | 902 | 77.893% | 90 | N | N | N | 104220 | | | | |
| FITZGERALD BETHUNE | 55299 | U | 763 | 595 | 77.982% | 90 | N | N | N | 68670 | | | | |
| FORD HIGH SCHOOL | 55075 | U | 927 | 735 | 79.288% | 90 | N | N | N | 83430 | | | | |
| LAW ACADEMY | 55232 | U | 755 | 682 | 90.331% | 90 | N | N | N | 67950 | | | | |
| MUMFORD HIGH SCHOOL | 55111 | U | 1050 | 772 | 73.524% | 80 | N | N | N | 84000 | | | | |
| MURPHY MIDDLE SCHOOL | 55121 | U | 677 | 616 | 90.990% | 90 | N | N | N | 60930 | | | | |
| NOLAN MIDDLE SCHOOL | 54854 | U | 596 | 522 | 87.584% | 90 | N | N | N | 53640 | | | | |
| PERSHING HIGH SCHOOL | 55222 | U | 858 | 764 | 89.044% | 90 | N | N | N | 77220 | | | | |
| PHOENIX MULTICULTURAL ACADEMY | 54948 | U | 430 | 413 | 96.047% | 90 | N | N | N | 38700 | | | | |
| SOUTHEASTERN HIGH SCHOOL | 55033 | U | 1160 | 975 | 84.052% | 90 | N | N | N | 104400 | | | | |
| STEWART ELEMENTARY SCHOOL | 55313 | U | 492 | 462 | 93.902% | 90 | N | N | N | 44280 | | | | |
| BURNS ELEMENTARY SCHOOL | 55178 | U | 603 | 535 | 88.723% | 90 | N | N | N | 54270 | | | | |
| 9b Shared Services | | | | | | | | | | | | | | |
| SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to | ol districts.) Calcula and 11. Divide the | te the total of | | | | | | | | 1029450 | | | | 89% |

| result in Column 15. | | | | | | | | |
|---|--|---|--------|--------|--------|-------------|--|--|
| LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15. | | | | | | | | |
| CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15. | | | | | | | | |
| Entity Number: | | A | Applic | ant's | Form | Identifier: | | |
| Contact Person: | | (| Conta | ct Pho | one Nu | umber: | | |

Block 4: Discount Calculation Worksheet

Worksheet - 1549000 Page 3 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|--|---|---------------------------------|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | ITITIES | | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| BREITHAUPT VOC/TECH CENTER | 55188 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | | | |
| BREWER ELEMENTARY MIDDLE SCHOOL | 54898 | U | 636 | 555 | 87.264% | 90 | N | N | N | 57240 | | | | |
| BUNCHE ELEMENTARY MIDDLE SCHOOL | 54925 | U | 555 | 461 | 83.063% | 90 | N | N | N | 49950 | | | | |
| BURTON INTERNATIONAL SCHOOL | 54836 | U | 845 | 595 | 70.414% | 80 | N | N | N | 67600 | | | | |
| CARLETON ELEMENTARY SCHOOL | 55132 | U | 478 | 440 | 92.050% | 90 | N | N | N | 43020 | | | | |
| CARSTENS ELEMENTARY SCHOOL | 55047 | U | 200 | 191 | 95.500% | 90 | N | N | N | 18000 | | | | |
| CARVER ELEMENTARY SCHOOL | 55199 | U | 397 | 307 | 77.330% | 90 | N | N | N | 35730 | | | | |
| CASS TECHNICAL HIGH SCHOOL | 54837 | U | 2138 | 1224 | 57.250% | 80 | N | N | N | 171040 | | | | |
| CHARLES WRIGHT ACADEMY | 235257 | U | 653 | 570 | 87.289% | 90 | N | N | N | 58770 | | | | |
| CHRYSLER ELEMENTARY SCHOOL | 54920 | U | 176 | 99 | 56.250% | 80 | N | N | N | 14080 | | | | |
| CLARK ELEMENTARY SCHOOL | 55147 | U | 584 | 471 | 80.651% | 90 | N | N | N | 52560 | | | | |
| CLIPPERT ACADEMY | 54945 | U | 530 | 497 | 93.774% | 90 | N | N | N | 47700 | | | | |
| CODY ACADEMIES | 55184 | U | 1158 | 1024 | 88.428% | 90 | N | N | N | 104220 | | | | |
| COMMUNICATION- MEDIA ARTS H S | 55164 | U | 504 | 273 | 54.167% | 80 | N | N | N | 40320 | | | | |
| COOKE ELEMENTARY SCHOOL | 55120 | U | 369 | 301 | 81.572% | 90 | N | N | N | 33210 | | | | |
| CROCKETT CAREER AND TECHNICAL CENTER | 235252 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DAVIS AEROSPACE TECHNICAL HIGH | 55237 | U | 202 | 152 | 75.248% | 90 | N | N | N | 18180 | | | | |
| DAVISON ELEMENTARY SCHOOL | 54985 | U | 700 | 646 | 92.286% | 90 | N | N | N | 63000 | | | | |
| DETROIT INTERNATIONAL ACADEMY | 54843 | U | 615 | 521 | 84.715% | 90 | N | N | N | 55350 | | | | |
| DETROIT LIONS ALT ED | 55026 | U | 109 | 94 | 86.239% | 90 | N | N | N | 9810 | | | | |
| DETROIT SCHOOL OF THE ARTS | 16052592 | U | 709 | 428 | 60.367% | 80 | N | N | N | 56720 | | | | |
| DIXON EDUCATIONAL LEARNING ACADEMY | 55191 | U | 770 | 619 | 80.390% | 90 | N | N | N | 69300 | | | | |
| DOSSIN ELEMENTARY SCHOOL | 55161 | U | 400 | 338 | 84.500% | 90 | N | N | N | 36000 | | | | |
| CHARLES R. DREW TRANSITION CENTER | 16029208 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DSA EAST - DUKE ELLINGTON CAMPUS | 16047426 | U | 454 | 362 | 79.736% | 90 | N | N | N | 40860 | | | | |
| DURFEE ELEMENTARY SCHOOL | 54904 | U | 626 | 500 | 79.872% | 90 | N | N | N | 56340 | | | | |
| EARHART MIDDLE SCHOOL | 54955 | U | 313 | 217 | 69.329% | 80 | N | N | N | 25040 | | | | |
| EAST ENGLISH VILLAGE PREPATORY ACADEMY | 16071375 | U | 1086 | 877 | 80.755% | 90 | N | N | N | 97740 | | | | |

| EDISON ELEMENTARY SCHOOL | 55162 | U | 337 | 286 | 84.866% | 90 | N | N | N | 30330 | I | I |
|---|----------|---|------|-----|---------|----|---|---|---|--------|--------------|---|
| EMERSON ELEMENTARY SCHOOL | 55080 | U | 649 | 584 | 89.985% | 90 | N | N | N | 58410 | | |
| FIELD MOSES | 54853 | U | 126 | 98 | 77.778% | 90 | N | N | N | 11340 | 1 | |
| FISHER MAGNET LOWER | 235253 | U | 733 | 700 | 95.498% | 90 | N | N | N | 65970 | 1 | |
| FISHER MAGNET UPPER | 16047435 | U | 637 | 568 | 89.168% | 90 | N | N | N | 57330 | | |
| FOREIGN LANGUAGE IMMERSION SCH | 54980 | U | 663 | 411 | 61.991% | 80 | N | N | N | 53040 | | |
| FREDERICK DOUGLASS HI SCH & ACADEMY | 54915 | U | 285 | 237 | 83.158% | 90 | N | N | N | 25650 | | |
| GARDNER ELEMENTARY SCHOOL | 55203 | U | 251 | 217 | 86.454% | 90 | N | N | N | 22590 | | |
| GARVEY ACADEMY | 55041 | U | 597 | 522 | 87.437% | 90 | N | N | N | 53730 | <u> </u> | |
| GOLIGHTLY CAREER/TECH CENTER | 55050 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | |
| GOLIGHTLY EDUCATIONAL CENTER | 54848 | U | 583 | 363 | 62.264% | 80 | N | N | N | 46640 | | |
| GOMPERS ELEMENTARY SCHOOL | 55130 | U | 235 | 203 | 86.383% | 90 | N | N | N | 21150 | | |
| GREENFIELD UNION ELEM SCHOOL | 54856 | U | 434 | 359 | 82.719% | 90 | N | N | N | 39060 | | |
| HARMS ELEMENTARY SCHOOL | 54943 | U | 551 | 529 | 96.007% | 90 | N | N | N | 49590 | 1 | |
| HENDERSON ACADEMY | 16047440 | U | 733 | 622 | 84.857% | 90 | N | N | N | 65970 | Ì | |
| HUTCHINSON ELEMENTARY MIDDLE SCHOOL | 16070783 | U | 410 | 351 | 85.610% | 90 | N | N | N | 36900 | | |
| JERRY L WHITE CENTER HIGH SCHOOL | 16047450 | U | 275 | 220 | 80.000% | 90 | N | N | N | 24750 | | |
| JOHN R. KING ACAD AND PERF ARTS ACADEMY | 55263 | U | 1023 | 913 | 89.247% | 90 | N | N | N | 92070 | | |
| KEIDAN ELEMENTARY SCHOOL | 54869 | U | 169 | 144 | 85.207% | 90 | N | N | N | 15210 | | |
| KETTERING HIGH SCHOOL | 55013 | U | 107 | 105 | 98.131% | 90 | N | N | N | 9630 | | |
| KING HIGH SCHOOL | 54924 | U | 1402 | 984 | 70.185% | 80 | N | N | N | 112160 | | |
| LUDINGTON MAGNET MIDDLE SCHOOL | 55079 | U | 537 | 367 | 68.343% | 80 | Ν | N | N | 42960 | | |
| MACKENZIE PRE K-8 | 16064447 | U | 934 | 837 | 89.615% | 90 | Υ | N | N | 84060 | | |
| MANN ELEMENTARY SCHOOL | 55204 | U | 386 | 345 | 89.378% | 90 | N | N | N | 34740 | | |
| MARK TWAIN ELEMENTARY SCHOOL | 55059 | U | 280 | 220 | 78.571% | 90 | N | N | N | 25200 | | |
| MARQUETTE ELEMENTARY SCHOOL | 55269 | U | 857 | 709 | 82.730% | 90 | N | N | N | 77130 | | |
| MASON ELEMENTARY SCHOOL | 55219 | U | 316 | 278 | 87.975% | 90 | Ν | N | N | 28440 | | |
| MAYBURY ELEMENTARY SCHOOL | 54954 | U | 584 | 559 | 95.719% | 90 | N | N | N | 52560 | | |
| MUNGER ELEMENTARY-MIDDLE SCHOOL | 54968 | U | 862 | 748 | 86.775% | 90 | Υ | N | N | 77580 | | |
| NEINAS ELEMENTARY SCHOOL | 54946 | U | 336 | 330 | 98.214% | 90 | N | N | N | 30240 | | |
| NICHOLS ELEMENTARY SCHOOL | 55031 | U | 374 | 327 | 87.433% | 90 | N | N | N | 33660 | | |
| NOBLE ELEMENTARY SCHOOL | 55309 | U | 431 | 351 | 81.439% | 90 | N | N | N | 38790 | | |
| NORTHWESTERN HIGH SCHOOL | 54929 | U | 835 | 665 | 79.641% | 90 | N | N | N | 75150 | | |
| A L HOLMES ELEMENTARY SCHOOL | 55010 | U | 430 | 396 | 92.093% | 90 | N | N | N | 38700 | | |
| ACADEMY OF THE AMERICAS | 54976 | U | 692 | 587 | 84.827% | 90 | N | N | N | 62280 | Ì | |
| ANN ARBOR TRAIL MAGNET MIDDLE SCHOOL | 55314 | U | 480 | 349 | 72.708% | 80 | N | N | N | 38400 | | |
| BAGLEY ELEMENTARY SCHOOL | 55113 | U | 417 | 358 | 85.851% | 90 | N | N | N | 37530 | | |
| BATES ACADEMY | 55116 | U | 867 | 494 | 56.978% | 80 | N | N | N | 69360 | | |
| BEARD ELEMENTARY | 235261 | U | 80 | 75 | 93.750% | 90 | N | N | N | 7200 | | |
| BENNETT ELEMENTARY SCHOOL | 54944 | U | 485 | 458 | 94.433% | 90 | N | N | N | 43650 | | |
| BLACKWELL INST OF INTNL STUDY | 55019 | U | 596 | 508 | 85.235% | 90 | N | N | N | 53640 | | |
| BOW ELEMENTARY SCHOOL | 55246 | U | 647 | 542 | 83.771% | 90 | N | N | N | 58230 | | |
| OAKMAN ELEMENTARY SCHOOL | 55175 | U | 226 | 184 | 81.416% | 90 | N | Ν | N | 20340 | | |
| WESTSIDE BUS TERMINAL | 16047667 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | |
| PALMER PARK PREPARATORY ACADEMY | 230748 | U | 553 | 463 | 83.725% | 90 | N | N | N | 49770 | | |
| PASTEUR ELEMENTARY SCHOOL | 55105 | U | 341 | 284 | 83.284% | 90 | N | N | N | 30690 | | |

| PAUL ROBESON MALCOM X ACADMEY | 55308 | U | 574 | 453 | 78.920% | 90 | N | N | N | 51660 | | 1 | | 1 |
|--|---|------------------|------|-------------|---------|------|---------|---------|--------|---------------|------------|----------------------|--------|------------|
| PRIEST ELEMENTARY | 54964 | U | 861 | 793 | 92.102% | 90 | N | N | N | 77490 | | | | + |
| SCHOOL PULASKI ELEMENTARY | 54887 | U | 616 | 569 | 92.370% | 90 | N | N | N | 55440 | | | | + |
| SCHOOL RANDOLPH | | | | | | | | | | | | 1 | | +- |
| CAREER/TECH CENTER | 55258 | U | 3 | 0 | 0.000% | 20 | N | N | N | 60 | | | | |
| RENAISSANCE HIGH SCHOOL | 55247 | U | 1112 | 555 | 49.910% | 80 | N | N | N | 88960 | | | | |
| ROBERT BROWN ACADEMY | 235251 | U | 1082 | 863 | 79.760% | 90 | N | N | N | 97380 | | | | |
| ROBERTO CLEMENTE LEARNING ACADEMY | 16047406 | U | 808 | 780 | 96.535% | 90 | N | N | N | 72720 | | | | |
| SAMPSON SCHOOL SCHULZE | 54880 | U | 370 | 320 | 86.486% | 90 | N | N | N | 33300 | | | | +- |
| ELEMENTARY SCHOOL SPAIN ELEMENTARY | 55109 | U | 768 | 609 | 79.297% | 90 | N | N | N | 69120 | | | | ₩ |
| SCHOOL THIRKELL | 54834 | U | 755 | 601 | 79.603% | 90 | N | N | N | 67950 | | | | |
| ELEMENTARY SCHOOL | 54909 | U | 466 | 437 | 93.777% | 90 | N | N | N | 41940 | | | | ╀ |
| THURGOOD MARSHALL ELEM SCHOOL | 55300 | U | 332 | 310 | 93.373% | 90 | N | N | N | 29880 | | | | |
| TURNING POINT ACADEMY | 54893 | U | 92 | 72 | 78.261% | 90 | N | N | N | 8280 | | | | |
| VERNOR ELEMENTARY SCHOOL | 55239 | U | 290 | 209 | 72.069% | 80 | N | N | N | 23200 | | | | |
| WAYNE ELEMENTARY SCHOOL | 55137 | U | 364 | 322 | 88.462% | 90 | N | N | N | 32760 | | | | |
| WEST SIDE ALTERNATIVE ED HS | 235258 | U | 524 | 447 | 85.305% | 90 | N | N | N | 47160 | | | | |
| WESTERN INTERNATIONAL HIGH SCH | 54951 | U | 1497 | 1108 | 74.015% | 80 | N | N | N | 119760 | | | | |
| WILKINS ELEMENTARY SCHOOL | 54900 | U | 357 | 316 | 88.515% | 90 | N | N | N | 32130 | | | \top | † |
| WILLIAM BECKHAM ACADEMY | 235250 | U | 632 | 536 | 84.810% | 90 | N | N | N | 56880 | | | | _ |
| YOUNG ELEMENTARY SCHOOL | 55171 | U | 655 | 522 | 79.695% | 90 | N | N | N | 58950 | | | | _ |
| CENTRAL DISTRIBUTION CENTER | 16047596 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | \top |
| DETROIT DAY SCH FOR THE DEAF | 54828 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | + |
| EAST HUB | 16028647 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | † |
| EAST SIDE BUS FACILITY | 16029180 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| FISHER BUILDING | 16047597 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| FLEMING ELEMENTARY SCHOOL | 54894 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| HARRIS PROFESSIONAL DEVELOPMENT | 54916 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| LAWLON BUILDING | 16047649 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | lacksquare |
| OFFICE OF PUBLIC SAFETY | 16029205 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| SUPPORT SERVICES COMPLEX BUILDING A | 16047664 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| SUPPORT SERVICES COMPLEX BUILDING B | 16047665 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| SUPPORT SERVICES COMPLEX BUILDING C | 16047666 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| WEST HUB OSBORN HIGH | 16028678 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | _ | +- |
| SCHOOL | 54889 | U | 941 | 775 | 82.359% | 90 | N | N | N | 84690 | | | | |
| 9b Shared Services SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to result in Column 15. | ol districts.) Calcula and 11. Divide the tal of Column 4. E | ate the total of | | | | | | | | 4473350 | | | | 88% |
| LIBRARY SYSTEMS Column 7. Divide thi outlets/branches. En 15. | S: Calculate the too is total by the number of the result in Co | ber of olumn | | | | | | | | | | | | |
| CONSORTIA: Calcu 14. Divide this total the entities. Enter the re | by the number of n | nember | | | | | | | | | | | | |
| Entity Number: 1 | 30944 | | | | | ļ | Applic | ant's | Form | Identifier: D | PS471-01-2 | 013 | | |
| Contact Person: | | | | | | C | Conta | ct Pho | one Nu | umber: (313) | | | | |
| Block 5: Discountinstructions: Use requesting discounts that they are all process. | one Block 5 page . Make as many co | for EAC | , | s needed, a | . , | comp | leted p | ages to | assure | e FRN 2462 | | 8 by administrato | or) | |

10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal,

| etc.), check this box and | d enter the original FRN in the space | provided: | | | | |
|--|--|---|----------------------|------------|--|--|
| 11 Category of Service (only | y ONE category should be checked) | | 23 | Calcu | lations | |
| PRIORITY 1 | PRIORITY 2 | | | Λ Ma- | nthly charges (total amount per month for service) | |
| ▼ Telecommunications Service | Internal Connections Other than | Basic Maintenance | | A. IVIOI | itiliy charges (total amount per month for service) | |
| Internet Access | Basic Maintenance of Internal C | Connections | | | | |
| 12 Form 470 Application | on Number | | | \$ | 5143,162.90 | |
| 480900001090854 | | | | B. Hov | v much of the amount in A is ineligible? | |
| 13 SPIN - Service Prov | ider Identification Number | | | 9 | 60.00 | |
| 143000093 | | | Recurring | C. Flig | ible monthly pre-discount amount (A minus B) | |
| 14 Service Provider Na | me | | Charges | 0.29 | isio moniny pro aloccan amount (· · · · · · · · · · · · · · · · · · | |
| | | | | \$ | 6143,162.90 | |
| | | | | D. Nun | nber of months service provided in funding year | |
| XO Communication Servi | ces LLC | | | 1 | 2 | |
| ı | s Funding Request is for non-contract | eted tariffed or month- | | | | |
| to-month services. 15b Contract Number | | | | E. Ann | ual pre-discount amount for eligible recurring charges (C x D) | |
| 13b Contract Number | | | | \$ | 61,717,954.80 | |
| 13-0334C | | | | | | |
| ı | s Funding Request is covered under a | ` | | F. Ann | ual non-recurring charges | |
| | ty, the terms and conditions of which purchases directly from the service p | | | \$ | 60.00 | |
| 15d Check this box if this | s Funding Request is a continuation o | of an FRN from a | | G. Hov | v much of the amount in F is ineligible? | |
| | a multi-year contract. If so, provide the | | | | | |
| 16a Billing Account Nu | mber (e.g., billed telephone number | r) | Non- | | 50.00 | |
| VARIOUS | | | Recurring Charges | 4 | 0.00 | |
| | e are multiple Billing Account Numbe | ers and attach a | Onlargoo | | | |
| complete list of those numbers to | this page. election/Contract Date (mm/de | danaa | | H. Ann | ual eligible pre-discount amount for non-recurring charges (F | |
| (based on Form 470 | | u/yyyy) | | minus G | 3) | |
| | <u>.</u> | | | | | |
| 02/01/2013 | - ((- - - | | | \$ | 50.00 | |
| 18 Contract Award Dat 03/13/2013 | е (пплаалуууу) | | | | | |
| 19 Service Start Date (| mm/dd/yyyy) | | | I. Total | funding year pre-discount amount (E + H) | |
| 07/01/2013 | | | Total | \$ | \$1,717,954.80 | |
| 20a Service End Date (n | nm/dd/yyyy) | | Total Charges | J. Disc | count from Block 4 Worksheet 90.00 | |
| Contract Expiration E | Date | | | И Б | dies Committee and Danier (Lee I) | |
| 20b (mm/dd/yyyy) 06/30/2015 | | | | | ding Commitment Request (I x J) 11,546,159.32 | |
| 21 Description of This S | Service: NOTE: All Item 21 Att | tachments must be | e filed bet | ore the | e close of the filing window. Attachment | |
| | of the service, including a breakdown | • | | | | |
| Number, and note number in sp | count or telephone numbers if the bille bace provided. | ed account has multipl | e numbers. | Labertin | e description with an Attachment DF31.1 | |
| | | a. If the service is si | te-specific (| provided | to one site | |
| | | and not shared by o | thers), list th | ne Entity | Number of | |
| 22 Entity/Entities Rece | eiving This Service: | the entity from Block | | | | |
| | | b. If the service is shortsheet, list the w | | | | |
| Entity Number: 130944 | | | | | dentifier: DPS471-01-2013 | |
| Contact Person: JON BREN | T | | - | | mber: (313) 873-8522 | |
| Block 5: Discount Funding | | | | | Block 5, page 2 of 8 | |
| Instructions: Use one Block 5 | page for EACH service (Funding Req | | | | | |
| requesting discounts. Make as ma that they are all processed correc | any copies of this page as needed, ar | nd number the comple | ted pages to | o assure | FRN 2462379 (to be assigned by administrator) | |
| | แy. inding Request (e.g., of an FRN that i | is not yet approved u | nder appeal | | (to be assigned by administration) | |
| | d enter the original FRN in the space | | Gppodi | , | | |
| 11 Category of Service (only | y ONE category should be checked) | | 23 | Calcu | lations | |
| PRIORITY 1 | PRIORITY 2 | | | A 84a | athly charges (total amount for month for service) | |
| ▼ Telecommunications Service | Internal Connections Other than | Basic Maintenance | | A. IVIOR | nthly charges (total amount per month for service) | |
| ☐ Internet Access | | | | □ | | |
| 12 Form 470 Application | on Number | | | 557,873.06 | | |
| 118740000636194 | | | | B. Hov | v much of the amount in A is ineligible? | |
| 11011000000107 | | | 111 | | | |

| 13 SPIN - Service Provider Identification Number | | \$0.00 |
|--|--|--|
| 143025240 | Recurring | C. Eligible monthly pre-discount amount (A minus B) |
| 14 Service Provider Name | Charges | \$57,873.06 |
| | | D. Number of months service provided in funding year |
| AT&T Mobility | _ | 12 |
| 15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. | | E. Annual pre-discount amount for eligible recurring charges (C x D) |
| 15b Contract Number | 1 | L. Annual pre-discount amount for eligible recurring charges (C x D) |
| 8-0502-1 | | \$694,476.72 |
| 15c Check this box if this Funding Request is covered under a master contract (a | 1 | F. Annual non-recurring charges |
| contract negotiated by a third party, the terms and conditions of which are then made | | \$0.00 |
| available to an eligible entity that purchases directly from the service provider). 15d | | |
| previous funding year based on a multi-year contract. If so, provide that FRN here: | 4 | G. How much of the amount in F is ineligible? |
| 16a Billing Account Number (e.g., billed telephone number) | Non- | \$0.00 |
| VARIOUS | Recurring Charges | V 0.00 |
| 16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) | 1 | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) |
| U C | | |
| 12/06/2007 | ╢ | \$0.00 |
| 18 Contract Award Date (mm/dd/yyyy) 02/07/2008 | | |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | \parallel | Total funding year pre-discount amount (E + H) |
| 20a Service End Date (mm/dd/yyyy) | Total | \$694,476.72 |
| Contract Expiration Date | Charges | J. Discount from Block 4 Worksheet 90.00 |
| 20b (mm/dd/yyyy) 06/30/2014 | | K. Funding Commitment Request (I x J) \$625,029.05 |
| 21 Description of This Service: NOTE: All Item 21 Attachments must b | e filed bef | Fore the close of the filing window. Attachment |
| · · | | ~ |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip | ts, manufact | urer name, make and model number. You |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. | ts, manufact le numbers. | urer name, make and model number. You Label the description with an Attachment DPS1.2 |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. a. If the service is si | ts, manufact le numbers. ite-specific (| urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. | ts, manufact le numbers. ite-specific (others), list th | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of |
| You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 2 | ts, manufact le numbers. ite-specific (others), list the x 4 receiving hared by all | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 2 | ts, manufact le numbers. iite-specific (ithers), list the 4 4 receiving hared by all worksheet nu | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: Entity Number: 130944 Again the service is signed and not shared by continuous the entity from Block but the entity from Block but the service is signed and not shared by continuous the entity from Block but the entity from Block but the entity from Block but the service is signed and not shared by continuous the entity from Block but the entity f | ts, manufact le numbers. ite-specific (others), list the k 4 receiving hared by all worksheet nu pplicant's | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: Entity Number: 130944 Contact Person: JON BRENT Block 5: Discount Funding Request(s) | ts, manufact le numbers. itte-specific (others), list the k 4 receiving hared by all worksheet nu pplicant's ontact Pho | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: Entity Number: 130944 Contact Person: JON BRENT a. If the service is si and not shared by a the entity from Block b. If the service is si worksheet, list the vertice is si worksheet. | ts, manufact le numbers. ite-specific (inthers), list the k 4 receiving hared by all worksheet nu pplicant's ontact Pho- | provided to one site the Entity Number of this service: entities on a Block 4 the mber (e.g., 1): form Identifier: DPS471-01-2013 Deck 5, page 3 of 8 |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: a. If the service is stand not shared by the entity from Block b. If the entity from Block b. If the entity from Block b. If the service is stand not shared by the entity from Block b. If the entity from Block b. If the service is stand not shared by the entity from Block b. If the entity from Block by the entity from Block b. If the entity from Block b. If the entity from Block b. If | ts, manufact le numbers. ite-specific (inthers), list the k 4 receiving hared by all worksheet numbers pplicant's contact Photochyou are eted pages to | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 Dene Number: (313) 873-8522 Block 5, page 3 of 8 o assure FRN 2462380 (to be assigned by administrator) |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: a. If the service is stand not shared by the entity from Block b. If the entity from Block by the entity from Block b. If the entity from Block b. If the entity from Block b. If | ts, manufact le numbers. ite-specific (inthers), list the k 4 receiving hared by all worksheet numbers pplicant's contact Photochyou are eted pages to | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 Dene Number: (313) 873-8522 Block 5, page 3 of 8 o assure FRN 2462380 (to be assigned by administrator) |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: a. If the service is stand not shared by the entity from Block b. If the servic | ts, manufact le numbers. ite-specific (inthers), list the k 4 receiving hared by all worksheet numbers pplicant's contact Photochyou are eted pages to | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 Dene Number: (313) 873-8522 Block 5, page 3 of 8 o assure FRN 2462380 (to be assigned by administrator) |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: a. If the service is stand not shared by a the entity from Block b. If the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block b. If the service is stand not shared by a the entity from Block by the entity from Block b. If the entity from Block by the entity from Block b. If the entity from Block b | ts, manufact le numbers. le numbers. itte-specific (others), list the state of t | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: tentities on a Block 4 tember (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 tone Number: (313) 873-8522 Block 5, page 3 of 8 to assure FRN 2462380 (to be assigned by administrator) Calculations |
| You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: a. If the service is si and not shared by of the entity from Block b. If the service is si worksheet, list the vertice is si worksheet, list the ver | ts, manufact le numbers. le numbers. itte-specific (others), list the state of t | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: Tentities on a Block 4 the benefit of the service of the |
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| to-month services. | -III | E. Annual pre-discount amount for eligible recurring charges (C x D) |
|---|--|--|
| 15b Contract Number | | \$4,500,000.00 |
| 3-0765-1001 | - | ψ4,500,000.00 |
| 15c Check this box if this Funding Request is covered under a master contract (a | 1 | F. Annual non-recurring charges |
| contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). | | \$0.00 |
| 15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: | | G. How much of the amount in F is ineligible? |
| 16a Billing Account Number (e.g., billed telephone number) | Non- | \$0.00 |
| N/A 16b Check this box if there are multiple Billing Account Numbers and attach a | Recurring Charges | \$0.00 |
| complete list of those numbers to this page. | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) | 1 | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) |
| 12/28/2004 | | |
| 18 Contract Award Date (mm/dd/yyyy) | ╢ | \$0.00 |
| 12/28/2004 | _ | Total funding year pre-discount amount (E + H) |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | | \$4,500,000.00 |
| 20a Service End Date (mm/dd/yyyy) | Total Charges | J. Discount from Block 4 Worksheet 90.00 |
| Contract Expiration Date | 1 | |
| 20b (mm/dd/yyyy) 06/13/2015 | | K. Funding Commitment Request (I x J) \$4,050,000.00 |
| 21 Description of This Service: NOTE: All Item 21 Attachments must You MUST attach a description of the service, including a breakdown of components, comust include any additional account or telephone numbers if the billed account has multi Number, and note number in space provided. | sts, manufac | turer name, make and model number. You |
| | | (provided to one site |
| | | he Entity Number of |
| 22 2try/2tribe reserving rine service. | | entities on a Block 4 |
| worksheet, list the | | |
| | | a |
| Entity Number: 130944 | applicant's | Form Identifier: DPS471-01-2013 |
| | | |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) | Contact Ph | Form Identifier: DPS471-01-2013 |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for what requesting discounts. Make as many copies of this page as needed, and number the comp | contact Ph | Form Identifier: DPS471-01-2013 sone Number: (313) 873-8522 Block 5, page 4 of 8 to assure FRN 2462383 |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for what requesting discounts. Make as many copies of this page as needed, and number the computation that they are all processed correctly. | Contact Phase ich you are eted pages | Block 5, page 4 of 8 FRN 2462383 (to be assigned by administrator) |
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| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) | contact Phase ich you are eted pages under appea | Block 5, page 4 of 8 to assure FRN 2462383 (to be assigned by administrator) Calculations |
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| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the discounts. Make as many copies of this page as needed, and number the competent they are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number | contact Phase ich you are eted pages i | Block 5, page 4 of 8 Ito assure FRN 2462383 (to be assigned by administrator) Calculations A. Monthly charges (total amount per month for service) \$616.75 |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the requesting discounts. Make as many copies of this page as needed, and number the computant they are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 | Contact Phase Contact Ph | Form Identifier: DPS471-01-2013 Ione Number: (313) 873-8522 Block 5, page 4 of 8 Io assure FRN 2462383 (to be assigned by administrator) I, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$0.00 |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN – Service Provider Identification Number | Contact Phase Contact Ph | Block 5, page 4 of 8 to assure FRN 2462383 (to be assigned by administrator) I, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$0.00 |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the provided of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the computation of the page as needed, and number the page as needed, and number the computation of the page as needed, and number the page as needed, and number the page as needed, and number the computation of the page as needed, and number the page as needed, | Contact Phase Contact Ph | Block 5, page 4 of 8 to assure FRN 2462383 (to be assigned by administrator) II, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$616.75 |
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| Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Basic Maintenance Internet Access 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name | Contact Phase Contact Ph | Form Identifier: DPS471-01-2013 Ione Number: (313) 873-8522 Block 5, page 4 of 8 Ito assure FRN 2462383 (to be assigned by administrator) I, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$616.75 D. Number of months service provided in funding year |
| Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN – Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or month | Contact Phase Contact Ph | Form Identifier: DPS471-01-2013 Ione Number: (313) 873-8522 Block 5, page 4 of 8 FRN 2462383 (to be assigned by administrator) I, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$616.75 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) |
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| Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where they are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or month to-month services. 15b Contract Number 071B3001358 15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). | Contact Phase Contact Ph | Form Identifier: DPS471-01-2013 Identifier: DPS4 |
| Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for where the service of this page as needed, and number the computant they are all processed correctly. 10 | Contact Phase Contact Ph | Form Identifier: DPS471-01-2013 Ione Number: (313) 873-8522 Block 5, page 4 of 8 Ito assure FRN 2462383 (to be assigned by administrator) A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$616.75 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$7,401.00 F. Annual non-recurring charges |

| 2331082 | I | | |
|---|---|----------------------|--|
| 16a Billing Account Number (e.g., billed telephone number) | | Non- | 4 |
| VARIOUS | | Recurring | \$0.00 |
| VARIOUS 16b □ Check this box if there are multiple Billing Account Number. | and attach a | Charges | |
| complete list of those numbers to this page. | and attach a | | |
| 17 Allowable Vendor Selection/Contract Date (mm/do | /уууу) | | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) |
| (based on Form 470 filing) | | | |
| 10/28/2008 | | | \$0.00 |
| 18 Contract Award Date (mm/dd/yyyy) | | | \$0.00 |
| 02/05/2009 | | | L. Total funding upon pro-discount amount (F. L.II) |
| 19 Service Start Date (mm/dd/yyyy) | | | Total funding year pre-discount amount (E + H) |
| 07/01/2013 | | Total | \$7,401.00 |
| 20a Service End Date (mm/dd/yyyy) | | Charges | J. Discount from Block 4 Worksheet 90.00 |
| Contract Expiration Date | | | 3. Discount norm block 4 Worksheet 30.00 |
| 20b (mm/dd/yyyy) | | | K. Funding Commitment Request (I x J) |
| 06/30/2014 | | | \$6,660.90 |
| 21 Description of This Service: NOTE: All Item 21 Atta | | | |
| You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed | | | |
| Number, and note number in space provided. | . account nac manipi | 0 11411100101 | 2.0 |
| | a. If the service is sit | te-specific (| provided to one site |
| | and not shared by of | | |
| 22 Entity/Entities Receiving This Service: | the entity from Block | | |
| | b. If the service is sh worksheet, list the w | | |
| | | | (0 / / |
| Entity Number: 130944 | | | Form Identifier: DPS471-01-2013 |
| Contact Person: JON BRENT Block 5: Discount Funding Request(s) | Co | ntact Pno | one Number: (313) 873-8522 |
| Instructions: Use one Block 5 page for EACH service (Funding Request(s) | uest Number) for which | ch you are | Block 5, page 5 of 8 |
| requesting discounts. Make as many copies of this page as needed, and | , | • | I |
| that they are all processed correctly. | | | (to be assigned by administrator) |
| 10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space p | | nder appeal, | , |
| 11 Category of Service (only ONE category should be checked) | novidod. | | |
| The Category of Service (only ONE category should be checked) | | 23 | Calculations |
| PRIORITY 1 PRIORITY 2 | | | A. Monthly charges (total amount per month for service) |
| ☐ Telecommunications Service ☐ Internal Connections Other than | Basic Maintenance | | 7. Monany onargos (total amount por monarior solvido) |
| ✓ Internet Access □ Basic Maintenance of Internal Co | nnections | | 044.075.00 |
| 12 Form 470 Application Number | | | \$41,275.00 |
| 287310000773173 | | | B. How much of the amount in A is ineligible? |
| 13 SPIN - Service Provider Identification Number | | | \$0.00 |
| | | Di | · |
| 143004331 | | Recurring Charges | C. Eligible monthly pre-discount amount (A minus B) |
| 14 Service Provider Name | | | |
| | | II I | \$41,275.00 |
| Marie Naturali, Inc. | | | |
| Merit Network, Inc. | | | \$41,275.00 D. Number of months service provided in funding year |
| 15a Check this box if this Funding Request is for non-contractor | ad A a wiffe 1 | | |
| | ed tariffed or month- | | D. Number of months service provided in funding year |
| to-month services. 15b Contract Number | ed tariffed or month- | | D. Number of months service provided in funding year |
| to-month services. 15b Contract Number | ed tariffed or month- | | D. Number of months service provided in funding year |
| to-month services. 15b Contract Number 10-0449-2 | | | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a | master contract (a | | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which a | master contract (a | | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a | master contract (a are then made covider). | | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service process. | master contract (a are then made rovider). an FRN from a | | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service process of the contract of | master contract (a are then made ovider). an FRN from a t FRN here: | Non- | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service properties of the Check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that Billing Account Number (e.g., billed telephone number) | master contract (a are then made ovider). an FRN from a t FRN here: | Recurring | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service provious funding year based on a multi-year contract. If so, provide that Billing Account Number (e.g., billed telephone number) N/A | master contract (a are then made ovider). an FRN from a t FRN here: | III I | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service properties of the Check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that Billing Account Number (e.g., billed telephone number) N/A 16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page. | master contract (a are then made ovider). an FRN from a t FRN here: | Recurring | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? \$0.00 |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service properties of the check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that Billing Account Number (e.g., billed telephone number) N/A 16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/doc | master contract (a are then made ovider). an FRN from a t FRN here: | Recurring | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? \$0.00 H. Annual eligible pre-discount amount for non-recurring charges (F |
| to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service properties of the Check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that Billing Account Number (e.g., billed telephone number) N/A 16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page. | master contract (a are then made ovider). an FRN from a t FRN here: | Recurring | D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? \$0.00 |

| 01/07/2010 | III | 1 . |
|---|------------------------------|--|
| 18 Contract Award Date (mm/dd/yyyy) | 1 | \$30,750.00 |
| 02/09/2010 19 Service Start Date (mm/dd/yyyy) | ╢ | Total funding year pre-discount amount (E + H) |
| 07/01/2013 20a Service End Date (mm/dd/yyyy) | Total | \$526,050.00 |
| , | Charges | J. Discount from Block 4 Worksheet 90.00 |
| Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2014 | | K. Funding Commitment Request (I x J) \$473,445.00 |
| 21 Description of This Service: NOTE: All Item 21 Attachments must be You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multipl Number, and note number in space provided. | s, manufact | urer name, make and model number. You |
| | thers), list the 4 receiving | this service: entities on a Block 4 |
| worksheet, list the w | | |
| 3 | | Form Identifier: DPS471-01-2013 |
| Contact Person: JON BRENT PERSON: JON BRENT PERSON: JON BRENT PERSON: | ontact Ph | one Number: (313) 873-8522 Block 5, page 6 of 8 |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which | ch you are | Block 5, page 6 of 6 |
| requesting discounts. Make as many copies of this page as needed, and number the comple | , | o assure FRN 2462427 |
| that they are all processed correctly. | | (to be assigned by administrator) |
| 10 L If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, u etc.), check this box and enter the original FRN in the space provided: | nder appeal | |
| 11 Category of Service (only ONE category should be checked) | 23 | Calculations |
| PRIORITY 1 PRIORITY 2 | | |
| ▼ Telecommunications Service Internal Connections Other than Basic Maintenance | | Monthly charges (total amount per month for service) |
| ☐ Internet Access ☐ Basic Maintenance of Internal Connections | | |
| 12 Form 470 Application Number | | \$25,000.00 |
| 408720000785377 | | B. How much of the amount in A is ineligible? |
| 13 SPIN - Service Provider Identification Number | | \$0.00 |
| 143001727 | Recurring | C. Eligible monthly pre-discount amount (A minus B) |
| 14 Service Provider Name | Charges | \$25,000.00 |
| | | D. Number of months service provided in funding year |
| Michigan Bell Telephone Company | | 12 |
| 15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. | | E. Annual pre-discount amount for eligible recurring charges (C x D) |
| 15b Contract Number | 1 | |
| 20100205-00711 | | \$300,000.00 |
| 15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made | | F. Annual non-recurring charges |
| available to an eligible entity that purchases directly from the service provider). | | \$0.00 |
| 15d | | G. How much of the amount in F is ineligible? |
| 2331157 | ∭ | 3 |
| 16a Billing Account Number (e.g., billed telephone number) | Non- Recurring | \$0.00 |
| VARIOUS | Charges | |
| 16b Check this box if there are multiple Billing Account Numbers and attach a | | |
| complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) | | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) |
| 12/16/2009 | | 00.02 |
| 18 Contract Award Date (mm/dd/yyyy) | ╢ | \$0.00 |
| 02/02/2010 19 Service Start Date (mm/dd/yyyy) | 1 | Total funding year pre-discount amount (E + H) |
| 07/01/2013 20a Service End Date (mm/dd/yyyy) | Total | \$300,000.00 |
| 255 Solving Elia Sate (Illinaaryyyy) | Charges | J. Discount from Block 4 Worksheet 90.00 |
| Contract Expiration Date | | |

| 20b (mm/dd/yyyy) 06/30/2014 | | | K. Funding Commitment Request (I x J) \$270,000.00 |
|--|---|-------------------------------|--|
| 21 Description of This Service: NOTE: All Item 21 Atta You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the biller Number, and note number in space provided. | of components, costs | s, manufact | urer name, make and model number. You |
| 22 Entity/Entities Receiving This Service: | a. If the service is sitt and not shared by oth the entity from Block b. If the service is sha | hers), list th 4 receiving | this service: |
| | worksheet, list the wo | - | |
| Entity Number: 130944 | Ар | plicant's | Form Identifier: DPS471-01-2013 |
| Contact Person: JON BRENT | Со | ntact Pho | one Number: (313) 873-8522 |
| Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requesting discounts. Make as many copies of this page as needed, an that they are all processed correctly. | d number the complete | ted pages to | (to be assigned by administrator) |
| 10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space p | | nder appeal | , |
| 11 Category of Service (only ONE category should be checked) | i i | 23 | Calculations |
| PRIORITY 1 PRIORITY 2 | | | |
| Telecommunications Service Internal Connections Other than | Basic Maintenance | | A. Monthly charges (total amount per month for service) |
| ✓ Internet Access ☐ Basic Maintenance of Internal Co | onnections | | |
| 12 Form 470 Application Number | | | \$0.00 |
| 288500001091045 | | | B. How much of the amount in A is ineligible? |
| 13 SPIN - Service Provider Identification Number | | | \$0.00 |
| 143024051 | | Recurring | C. Eligible monthly pre-discount amount (A minus B) |
| 14 Service Provider Name | | Charges | \$0.00 |
| | | | · · |
| | | | D. Number of months service provided in funding year |
| Gaggle.net, Inc. 15a Check this box if this Funding Request is for non-contract | ad tariffed or month | | 12 |
| to-month services. | sa tarmed or month- | | E. Annual pre-discount amount for eligible recurring charges (C x D) |
| 15b Contract Number | | | \$0.00 |
| 13-0339C | | | ¥**** |
| 15c Check this box if this Funding Request is covered under a | | | F. Annual non-recurring charges |
| contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service p | li li | | \$252,000.00 |
| 15d Check this box if this Funding Request is a continuation of | f an FRN from a | | G. How much of the amount in F is ineligible? |
| previous funding year based on a multi-year contract. If so, provide that 16a Billing Account Number (e.g., billed telephone number) | \ | | Ç |
| Tod Briting Account Number (e.g., billed telephone number) | | Non- Recurring | \$0.00 |
| N/A 16b Check this box if there are multiple Billing Account Number | | Charges | |
| complete list of those numbers to this page. | 3 and attach a | | |
| 17 Allowable Vendor Selection/Contract Date (mm/do (based on Form 470 filing) | I/yyyy) | | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) |
| 02/01/2013 | | | \$252,000.00 |
| 18 Contract Award Date (mm/dd/yyyy) 03/13/2013 | | | |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | | | Total funding year pre-discount amount (E + H) |
| 20a Service End Date (mm/dd/yyyy) | | Total Charges | \$252,000.00 |
| Contract Expiration Date | | onaryes | J. Discount from Block 4 Worksheet 90.00 |
| 20b (mm/dd/yyyy) 06/30/2014 | | | K. Funding Commitment Request (I x J) \$226,800.00 |
| 21 Description of This Service: NOTE: All Item 21 Atta You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed | of components, costs | s, manufact | urer name, make and model number. You |
| Number, and note number in space provided. | | | |
| | a. If the service is site and not shared by other | | |
| 22 Entity/Entities Receiving This Service: | the entity from Block | | |

| | b. If the service is shar worksheet, list the wor | , | | | | | |
|---|--|----------------------|--|--|--|--|--|
| L Entity Number: 130944 | · · · · · · · · · · · · · · · · · · · | | s Form Identifier: DPS471-01-2013 | | | | |
| Contact Person: JON BRENT | | | none Number: (313) 873-8522 | | | | |
| Block 5: Discount Funding Request(s) | | | Block 5, page 8 of 8 | | | | |
| Instructions: Use one Block 5 page for EACH service (Funding Requ requesting discounts. Make as many copies of this page as needed, and | | | to assure FRN 2462461 | | | | |
| that they are all processed correctly. | a number the completed | u pages io | (to be assigned by administrator) | | | | |
| 10 If this is a duplicate Funding Request (e.g., of an FRN that is | | er appeal, | ıl, | | | | |
| etc.), check this box and enter the original FRN in the space p | provided: | | | | | | |
| 11 Category of Service (only ONE category should be checked) | | 23 | Calculations | | | | |
| PRIORITY 1 PRIORITY 2 | | | | | | | |
| lacktriangle Telecommunications Service $lacktriangle$ Internal Connections Other than E | Basic Maintenance | | A. Monthly charges (total amount per month for service) \$0.00 B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$0.00 D. Number of months service provided in funding year | | | | |
| ✓ Internet Access ✓ Basic Maintenance of Internal Col | onnections | | | | | | |
| 12 Form 470 Application Number | | | | | | | |
| 287310000773173 | | | | | | | |
| 13 SPIN - Service Provider Identification Number | | | | | | | |
| 4.4000.4004 | _ | | | | | | |
| 143004331 14 Service Provider Name | | Recurring Charges | | | | | |
| 14 Service Frovider Name | | | | | | | |
| | | | | | | | |
| Merit Network, Inc. | | | | | | | |
| 15a Check this box if this Funding Request is for non-contracte | ed tariffed or month- | | | | | | |
| to-month services. | | | E. Annual pre-discount amount for eligible recurring charges (C x I | | | | |
| 15b Contract Number | | | | | | | |
| 10-0448-2 | _ | | \$0.00 | | | | |
| 15c Check this box if this Funding Request is covered under a | master contract (a | | F. Annual non-recurring charges | | | | |
| contract negotiated by a third party, the terms and conditions of which a | | | The first teaching charges | | | | |
| available to an eligible entity that purchases directly from the service pn 15d Check this box if this Funding Request is a continuation of | The state of the s | | \$228,000.00 | | | | |
| previous funding year based on a multi-year contract. If so, provide that | lii l | | G. How much of the amount in F is ineligible? | | | | |
| 2331189 | | | | | | | |
| 16a Billing Account Number (e.g., billed telephone number) | The state of the s | Non- Recurring | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) | | | | |
| N/A | | Charges | | | | | |
| 16b Check this box if there are multiple Billing Account Numbers complete list of those numbers to this page. | s and attach a | | | | | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd. | d/vvvv) | | | | | | |
| (based on Form 470 filing) | | | | | | | |
| 01/07/2010 | | | | | | | |
| 18 Contract Award Date (mm/dd/yyyy) | | | \$228,000.00 | | | | |
| 02/09/2010 | | | Total funding year pre-discount amount (E + H) | | | | |
| 19 Service Start Date (mm/dd/yyyy) | | | Total randing year pre-triscount amount (L + 11) | | | | |
| 07/01/2013 20a Service End Date (mm/dd/yyyy) | | Total | \$228,000.00 | | | | |
| 253 Solving Elia Sate (illinaaryyyy) | | Charges | J. Discount from Block 4 Worksheet 90.00 | | | | |
| Contract Expiration Date | | | K Funding Commitment Request /Lv I\ | | | | |
| 20b (mm/dd/yyyy) 06/30/2014 | | | K. Funding Commitment Request (I x J) \$205,200.00 | | | | |
| 21 Description of This Service: NOTE: All Item 21 Atta | achments must be t | filed hef | | | | | |
| You MUST attach a description of the service, including a breakdown | | | S Company of the comp | | | | |
| must include any additional account or telephone numbers if the billed Number, and note number in space provided. | d account has multiple i | numbers. | . Label the description with an Attachment DPS1.8 | | | | |
| | a. If the consider is air- | encoifie (| (provided to one site | | | | |
| | a. If the service is site- and not shared by other | | - | | | | |
| | the entity from Block 4 | | · · · · · · · · · · · · · · · · · · · | | | | |
| | b. If the service is shar | | | | | | |
| | worksheet, list the wor | ksneet nu | umber (e.g., 1): 1548998 | | | | |
| Entity Number: 130944 | | | Form Identifier: DPS471-01-2013 | | | | |
| | | | none Number: (313) 873-8522 | | | | |
| | | | | | | | |
| Block 6: Certifications and Signature | | | | | | | |
| | | | | | | | |

| 171 Application | |
|---|--|
| 24 🗹 I certify that the entities listed in Block 4 of this application are eligible for support because the | ey are: (Check one or both.) |
| a ☑ schools under the statutory definitions of elementary and secondary schools found in the 7801(18) and (38), that do not operate as for-profit businesses and do not have | |
| b libraries or library consortia eligible for assistance from a State library administrative age Act of 1996 that do not operate as for-profit businesses and whose budgets are complete limited to, elementary, secondary schools, colleges, or universities. | |
| 25 ✓ I certify that the entity I represent or the entities listed on this application have secured access resources, including computers, training, software, internal connections, maintenance, and ele purchased effectively. I recognize that some of the aforementioned resources are not eligible if the entities listed on this application have secured access to all of the resources to pay the diswhich access has been secured in the current funding year. I certify that the Billed Entity will p and services to the service provider(s). | ctrical capacity, necessary to use the services or support. I certify that the entities I represent or counted charges for eligible services from funds to |
| Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.) | 8225882.52 |
| b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.) | 7403294.27 |
| c Total applicant non-discount share (Subtract Item 25b from Item 25a.) | 822588.25 |
| d Total budgeted amount allocated to resources not eligible for E-rate support | 18500000 |
| e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.) | 19322588.25 |
| f Check this box if you are receiving any of the funds in Item 25e directly from a service provide Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filled by you in locating funds in Item 25e. | |
| 26 \(\subseteq\) I certify that, if required by Commission rules, all of the individual schools and libraries received covered by technology plans that do or will cover all 12 months of the funding year, and that he by a state or other authorized body or an SLD-certified technology plan approver prior to the content of | ave been or will be approved |
| Or I certify that no technology plan is required by Commission rules. | |
| 27 I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP are received and selecting a service provider. I certify that all bids submitted were carefully considered, with price being the primary factor considered, and is the most cost-effective means goals. | ered and the most cost-effective service offering was |
| 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all application bidding requirements and that the entity or entities listed on this application have complied with | |
| 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 v be sold, resold or transferred in consideration for money or any other thing of value, except as 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have no anything of value, other than services and equipment sought by means of this form, from the statement of any consultant in connection with this request for services. | permitted by the Commission's rules at 47 C.F.R. §§ at received anything of value or a promise of |
| 30 I certify that I and the entity(ies) I represent have complied with all program rules and I acknown discount funding and/or cancellation of funding commitments. There are signed contracts cover except for those services provided under non-contracted tariffed or month-to-month arrangem program rules could result in civil or criminal prosecution by the appropriate law enforcement a | ring all of the services listed on this Form 471 ents. I acknowledge that failure to comply with |
| Entity Number: 130944 Applicant's | Form Identifier: DPS471-01-2013 |
| Contact Person: JON BRENT Contact Pr | one Number: (313) 873-8522 |
| Block 6: Certification and Signature (Continued) | |
| 31 🔽 I acknowledge that the discount level used for shared services is conditional, for future years and libraries that are treated as sharing in the service, receive an appropriate share of benefits | |
| 32 I certify that I will retain required documents for a period of at least five years after the last documents necessary to demonstrate compliance with the statute and Commission rules regar services receiving schools and libraries discounts, and that if audited, I will make such records may be audited pursuant to participation in the schools and libraries program. | ding the application for, receipt of, and delivery of |
| 33 I certify that I am authorized to order telecommunications and other supported services for the that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this appropriate to the legislation on this form in true and correct to the best of my knowledge, that the entities the | lication, that I have examined this request, that all of |

United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the

34 🗹 I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from

their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

- I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).
- 36 ✓ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).
- 37 I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

| 38 | Signature of authorized person | | 39 | Date | 03/13/2013 |
|-----|---------------------------------------|---|----|------|------------|
| 40 | Printed name of authorized person | JON BRENT | | | |
| 41 | Title or positio of authorized person | n EXEC DIR DEPLOYMENT AND TECH SUPPORT | | | |
| | Check h | ere if the consultant in Item 6g is the Authorized Person. | | | |
| 42a | ; | ss, P.O. Box, or Route Number 3031 WEST GRAND BLVD SUITE 450 DETROIT | | | |

Entity Number: 130944 Applicant's Form Identifier: DPS471-01-2013

Contact Person: JON BRENT Contact Phone Number: (313) 873-8522

42b Telephone Number Ext.

of authorized

Person (313) 873-8522

State MI Zip Code 48202-

42c Fax Number of Authorized Person

(313) 873-3209

42d E-mail Address of authorized

Person jon.brent@detroitk12.org

Re-enter E-mail Address jon.brent@detroitk12.org

42e Name of Authorized

Person's Employer DETROIT PUBLIC SCHOOLS

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026

Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

FCC Form 471 - October 2010



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FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

| Applicant's Form Identifier (Create an identifier for your own reference) | Form 471 Application #: | |
|--|--|--|
| DPS471-02-2013 | 896784 (To be assigned by administrator) | |
| Block 1: Billed Entity Address and Identifications | • | |
| Name of Billed Entity DETROIT PUBLIC SCHOOL DISTRICT | | |
| 2 Funding Year 2013 | | |
| 3a Entity Number 130944 | | |
| 3b FCC Registration Number 0012352134 | | |
| 4a Street Address, P.O. Box, or Route Number 3011 WEST GRAND BLVD SUITE 1000 | | |
| City DETROIT State MI Zip Code 48202- | | |
| 4b Telephone Number | | |
| 4c Fax Number | | |
| 5a Type of Application (check only one) □ Individual School (individual public or non-public school) □ School District (LEA; public or non-public [e.g. diocesan] local district represent □ Library (including library system, library outlet/branch or library consortiun □ Consortium (intermediate service agencies, states, state networks, special or □ Statewide application for (enter 2-letter state code) representing (check all that apply) □ All public schools/districts in the state □ All non-public schools in the state □ All libraries in the state □ All libraries in the state □ All head Start □ State Agency Entity Number: 130944 | as defined under LSTA) | |
| Contact Person: JON BRENT | Contact Phone Number: | |
| Block 1: Billed Entity Address and Identifications (continued) | Software France Number. | |
| 6a Contact Person's Name JON BRENT If the Contact Person's Street Address is the same as I tem 4 above, check here. ☐ If n 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 3011 WEST GRAND BLVD SUITE 1000 City DETROIT State MI Zip Code 48202- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number ☐ 6d Fax Number ☐ 6d Fax Number ☐ 6e E-Mail Address | | |
| Re-enter E-mail Address 6f Holiday/vacation/summer contact information: please include name of alternate cor | act (if applicable) and alternate phone, fax or E-mail address | |

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name Don Dietrich Name of Consultant's Employer BTU Consultants Consultant's Street Address 4 Media Ct

City St. Louis State MO Zip Code 63146 Consultant's Telephone Number Ext.

Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address

Consultant Registration Number 16049611

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: |

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

| | | Schools | Libraries |
|--|---|---------|-----------|
| 7a Number of students | or patrons to be served | 67000 | 0 |
| b Telephone service: phone service | Number of classrooms or rooms with | 0 | 0 |
| c Direct connections to | the Internet: Number of drops | 0 | 0 |
| d Number of classroon | ns or rooms with Internet access | 0 | 0 |
| e Number of computer | s or other devices with Internet access | 0 | 0 |
| f Number of dial-up Int to 200 kbps: | ernet access and other connections of up | 0 | 0 |
| High-speed Internet | At or greater than 200 kbps and less than 1.5 mbps | 0 | 0 |
| access services: Number of | At or greater than 1.5 mbps and less than 3 mbps | 0 | 0 |
| buildings served at the following g speeds (please use | At or greater than 3 mbps and less than 10 mbps | 0 | 0 |
| advertised download speed | At or greater than 10 mbps and less than 25 mbps | 0 | 0 |
| coming into building, not actual speed in classroom | At or greater than 25 mbps and less than 50 mbps | 0 | 0 |
| or work area): | At or greater than 50 mbps and less than 100 mbps | 0 | 0 |
| | Greater than 100 mbps | 0 | 0 |

Block 3:

8 [Reserved]

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: |

Block 4: Discount Calculation Worksheet

Worksheet - 1545836

Page 1 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------------------|------------------------------------|-----------------------|---|----|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc | for Calculating Shared Discount | Education, J = | Entity Number of School District in which Library Outlet/Branch is Located | | Shared Discount |
| ALL EN | TITIES | | SCHOOLS AND LIBRARIES | | | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | | |
| EDUCATION ACHIEVEMENT AUTHORITY OF MICHIGAN | 16069127 | U | 0 | 0 | 0.000% | 89 | N | N | | 0 | | | 89 | |
| DETROIT PUBLIC SCHOOL DISTRICT | 130944 | U | 0 | 0 | 0.000% | 88 | | | | 0 | | | 88 | |

| | | | | | | | _ | | | _ | | | | |
|---|---|-----------------|-----|-----|----------|----|--------|--------|-------|-------------|--|--|-----|-----|
| GEE EDMONSON ACADEMY | 54830 | U | 313 | 276 | 88.179% | 90 | N | N | N | 28170 | | | 90 | |
| LOVING ELEMENTARY SCHOOL | 54979 | U | 233 | 222 | 95.279% | 90 | N | N | N | 20970 | | | 90 | |
| FERGUSON ACAD FOR YOUNG WOMEN | 54938 | U | 231 | 190 | 82.251% | 90 | N | N | N | 20790 | | | 90 | |
| GEE WHITE ACADEMY | 54992 | U | 630 | 543 | 86.190% | 90 | N | N | N | 56700 | | | 90 | |
| GLAZER ELEMENTARY SCHOOL | 55296 | U | 235 | 204 | 86.809% | 90 | N | N | N | 21150 | | | 90 | |
| HAMILTON ELEMENTARY SCHOOL | 55022 | U | 495 | 438 | 88.485% | 90 | N | N | N | 44550 | | | 90 | |
| LOGAN ELEMENTARY SCHOOL | 16075507 | U | 66 | 26 | 39.394% | 60 | N | N | N | 3960 | | | 60 | |
| RUTHERFORD WINANS ACADEMY | 16075508 | U | 346 | 305 | 88.150% | 90 | N | N | N | 31140 | | | 90 | |
| 9b Shared Services | | | | | | | | | | | | | | |
| SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to result in Column 15. | ol districts.) Calcula and 11. Divide the otal of Column 4. E | te the total of | | | | | | | | | | | | |
| LIBRARY SYSTEMS Column 7. Divide th outlets/branches. Er 15. | is total by the numb | per of | | | | | | | | | | | | |
| CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15. | | | | | | | | | | | | | 867 | 87% |
| Entity Number: | | | | | | , | Applic | cant's | Form | Identifier: | | | | |
| Contact Person: | <u> </u> | | | | <u>'</u> | (| Conta | ct Pho | one N | umber: | | | | |
| | | | | | | | | | | | | | | |

Block 4: Discount Calculation Worksheet

Worksheet - 1545837

Page 2 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

 \square Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------------------|---------|--|---|---------------------------------|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | | Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | TITIES | | | S | CHOOLS AND LIB | RARIES | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | | |
| BRENDA M. SCOTT MIDDLE SCHOOL | 16047449 | U | 863 | 768 | 88.992% | 90 | N | N | N | 77670 | | | | |
| TRIX ELEMENTARY SCHOOL | 54885 | U | 429 | 366 | 85.315% | 90 | N | N | N | 38610 | | | | |
| CENTRAL HIGH SCHOOL | 54903 | U | 794 | 634 | 79.849% | 90 | N | N | N | 71460 | | | | |
| DENBY HIGH SCHOOL | 55134 | U | 1158 | 902 | 77.893% | 90 | N | N | N | 104220 | | | | |
| FITZGERALD BETHUNE | 55299 | U | 763 | 595 | 77.982% | 90 | N | N | N | 68670 | | | | |
| FORD HIGH SCHOOL | 55075 | U | 927 | 735 | 79.288% | 90 | N | N | N | 83430 | | | | |
| LAW ACADEMY | 55232 | U | 755 | 682 | 90.331% | 90 | N | N | N | 67950 | | | | |
| MUMFORD HIGH SCHOOL | 55111 | U | 1050 | 772 | 73.524% | 80 | N | N | N | 84000 | | | | |
| MURPHY MIDDLE SCHOOL | 55121 | U | 677 | 616 | 90.990% | 90 | Ν | N | N | 60930 | | | | |
| NOLAN MIDDLE SCHOOL | 54854 | U | 596 | 522 | 87.584% | 90 | Ν | N | N | 53640 | | | | |
| PERSHING HIGH SCHOOL | 55222 | U | 858 | 764 | 89.044% | 90 | N | N | N | 77220 | | | | |
| PHOENIX MULTICULTURAL ACADEMY | 54948 | U | 430 | 413 | 96.047% | 90 | N | N | N | 38700 | | | | |
| SOUTHEASTERN HIGH SCHOOL | 55033 | U | 1160 | 975 | 84.052% | 90 | N | N | N | 104400 | | | | |
| STEWART ELEMENTARY SCHOOL | 55313 | U | 492 | 462 | 93.902% | 90 | Ν | N | N | 44280 | | | | |
| BURNS ELEMENTARY SCHOOL | 55178 | U | 603 | 535 | 88.723% | 90 | N | N | N | 54270 | | | | |
| 9b Shared Services | | | | | | | | | | | | | | |
| SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to | ol districts.) Calcula and 11. Divide the | te the total of | | | | | | | | 1029450 | | | | 89% |

| result in Column 15. | | | | | | | | |
|---|--|---|--------|--------|-------|-------------|--|--|
| LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15. | | | | | | | | |
| CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15. | | | | | | | | |
| Entity Number: | | P | Applic | ant's | Form | Identifier: | | |
| Contact Person: | | (| Conta | ct Pho | ne Nu | ımber: | | |

Block 4: Discount Calculation Worksheet

Worksheet - 1545838 Page 3 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

(For Administrator's Use)

9a List entities and calculate discount(s): School District or Library System Name:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---------------------------------------|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|---|---|---------------------------------|-------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discoun |
| ALL EN | ITITIES | | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| MUNGER ELEMENTARY-MIDDLE SCHOOL | 54968 | U | 862 | 748 | 86.775% | 90 | Υ | N | N | 77580 | | | | |
| NEINAS ELEMENTARY SCHOOL | 54946 | U | 336 | 330 | 98.214% | 90 | N | N | N | 30240 | | | | |
| NICHOLS ELEMENTARY SCHOOL | 55031 | U | 374 | 327 | 87.433% | 90 | Ν | N | N | 33660 | | | | |
| NOBLE ELEMENTARY SCHOOL | 55309 | U | 431 | 351 | 81.439% | 90 | N | N | N | 38790 | | | | |
| NORTHWESTERN HIGH SCHOOL | 54929 | U | 835 | 665 | 79.641% | 90 | N | N | N | 75150 | | | | |
| OSBORN HIGH SCHOOL | 54889 | U | 941 | 775 | 82.359% | 90 | N | N | N | 84690 | | | | |
| PALMER PARK PREPARATORY ACADEMY | 230748 | U | 553 | 463 | 83.725% | 90 | N | N | N | 49770 | | | | |
| PASTEUR ELEMENTARY SCHOOL | 55105 | U | 341 | 284 | 83.284% | 90 | Ν | N | N | 30690 | | | | |
| PAUL ROBESON MALCOM X ACADMEY | 55308 | U | 574 | 453 | 78.920% | 90 | N | N | N | 51660 | | | | |
| PRIEST ELEMENTARY SCHOOL | 54964 | U | 861 | 793 | 92.102% | 90 | N | N | N | 77490 | | | | |
| PULASKI ELEMENTARY SCHOOL | 54887 | U | 616 | 569 | 92.370% | 90 | N | N | N | 55440 | | | | |
| RANDOLPH CAREER/TECH CENTER | 55258 | U | 3 | 0 | 0.000% | 20 | N | N | N | 60 | | | | |
| RENAISSANCE HIGH SCHOOL | 55247 | U | 1112 | 555 | 49.910% | 80 | N | N | N | 88960 | | | | |
| ROBERT BROWN ACADEMY | 235251 | U | 1082 | 863 | 79.760% | 90 | N | N | N | 97380 | | | | |
| ROBERTO CLEMENTE LEARNING ACADEMY | 16047406 | U | 808 | 780 | 96.535% | 90 | N | N | N | 72720 | | | | |
| SAMPSON SCHOOL | 54880 | U | 370 | 320 | 86.486% | 90 | N | N | N | 33300 | | | | |
| SCHULZE ELEMENTARY SCHOOL | 55109 | U | 768 | 609 | 79.297% | 90 | N | N | N | 69120 | | | | |
| SPAIN ELEMENTARY SCHOOL | 54834 | U | 755 | 601 | 79.603% | 90 | N | N | N | 67950 | | | | |
| THIRKELL ELEMENTARY SCHOOL | 54909 | U | 466 | 437 | 93.777% | 90 | N | N | N | 41940 | | | | |
| THURGOOD MARSHALL ELEM SCHOOL | 55300 | U | 332 | 310 | 93.373% | 90 | N | N | N | 29880 | | | | |
| TURNING POINT ACADEMY | 54893 | U | 92 | 72 | 78.261% | 90 | Ν | N | N | 8280 | | | | |
| VERNOR ELEMENTARY SCHOOL | 55239 | U | 290 | 209 | 72.069% | 80 | N | N | N | 23200 | | | | |
| WAYNE ELEMENTARY SCHOOL | 55137 | U | 364 | 322 | 88.462% | 90 | N | N | N | 32760 | | | | |
| WEST SIDE ALTERNATIVE ED HS | 235258 | U | 524 | 447 | 85.305% | 90 | N | N | N | 47160 | | | | |
| WESTERN INTERNATIONAL HIGH SCH | 54951 | U | 1497 | 1108 | 74.015% | 80 | N | N | N | 119760 | | | | |
| WILLIAM BECKHAM ACADEMY | 235250 | U | 632 | 536 | 84.810% | 90 | N | N | N | 56880 | | | | |
| YOUNG ELEMENTARY SCHOOL | 55171 | U | 655 | 522 | 79.695% | 90 | N | N | N | 58950 | | | | |
| CENTRAL | i | | | | | | | i | | | | | | |

| DISTRIBUTION | 16047596 | U | О | 0 | 0.000% | 88 | N | N | N | 0 | ı | 1 | I | 1 |
|--|----------------------|---|------|------|---------|----|---|---|---|--------|---|----------|---|---|
| CENTER EAST HUB | 16028647 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | <u> </u> | | |
| EAST SIDE BUS | 16029180 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | <u> </u> | | |
| FACILITY FISHER BUILDING | 16047597 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| LAWLON BUILDING | 16047649 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | <u> </u> | | |
| OFFICE OF PUBLIC SAFETY | 16029205 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| SUPPORT SERVICES | 16047664 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| COMPLEX BUILDING A SUPPORT SERVICES | 16047665 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| COMPLEX BUILDING B SUPPORT SERVICES | | | | | | | | | | | | | | |
| COMPLEX BUILDING C | 16047666 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| WEST HUB WESTSIDE BUS | 16028678 16047667 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| TERMINAL A L HOLMES | | | | | 0.000% | 88 | N | N | N | | | | | |
| ELEMENTARY SCHOOL ACADEMY OF THE | 55010 | U | 430 | 396 | 92.093% | 90 | N | N | N | 38700 | | | | |
| AMERICAS | 54976 | U | 692 | 587 | 84.827% | 90 | N | N | N | 62280 | | | | |
| ANN ARBOR TRAIL MAGNET MIDDLE SCHOOL | 55314 | U | 480 | 349 | 72.708% | 80 | N | N | N | 38400 | | | | |
| BAGLEY ELEMENTARY SCHOOL | 55113 | U | 417 | 358 | 85.851% | 90 | N | N | N | 37530 | | | | |
| BATES ACADEMY | 55116 | U | 867 | 494 | 56.978% | 80 | N | N | N | 69360 | | | | |
| BEARD ELEMENTARY BENNETT | 235261 | U | 80 | 75 | 93.750% | 90 | N | N | N | 7200 | | | | |
| ELEMENTARY SCHOOL BLACKWELL INST OF | 54944 | U | 485 | 458 | 94.433% | 90 | _ | N | N | 43650 | | | | |
| INTNL STUDY | 55019 | U | 596 | 508 | 85.235% | 90 | N | N | N | 53640 | | | | |
| BOW ELEMENTARY SCHOOL | 55246 | U | 647 | 542 | 83.771% | 90 | N | N | N | 58230 | | | | |
| BREITHAUPT VOC/TECH CENTER | 55188 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | | | |
| BREWER ELEMENTARY MIDDLE SCHOOL | 54898 | U | 636 | 555 | 87.264% | 90 | N | N | N | 57240 | | | | |
| BUNCHE ELEMENTARY MIDDLE SCHOOL | 54925 | U | 555 | 461 | 83.063% | 90 | N | N | N | 49950 | | | | |
| BURTON INTERNATIONAL SCHOOL | 54836 | U | 845 | 595 | 70.414% | 80 | N | N | N | 67600 | | | | |
| CARLETON ELEMENTARY SCHOOL | 55132 | U | 478 | 440 | 92.050% | 90 | Ν | N | Ν | 43020 | | | | |
| CARSTENS ELEMENTARY SCHOOL | 55047 | U | 200 | 191 | 95.500% | 90 | N | N | N | 18000 | | | | |
| CARVER ELEMENTARY SCHOOL | 55199 | U | 397 | 307 | 77.330% | 90 | N | N | N | 35730 | | | | |
| CASS TECHNICAL HIGH SCHOOL | 54837 | U | 2138 | 1224 | 57.250% | 80 | N | N | N | 171040 | | | | |
| CHARLES WRIGHT ACADEMY | 235257 | U | 653 | 570 | 87.289% | 90 | N | N | N | 58770 | | | | |
| CHRYSLER ELEMENTARY SCHOOL | 54920 | U | 176 | 99 | 56.250% | 80 | N | N | N | 14080 | | | | |
| CLARK ELEMENTARY | 55147 | U | 584 | 471 | 80.651% | 90 | N | N | N | 52560 | | | | |
| SCHOOL CLIPPERT ACADEMY | 54945 | U | 530 | 497 | 93.774% | 90 | N | N | N | 47700 | | | | |
| CODY ACADEMIES | 55184 | U | 1158 | 1024 | 88.428% | 90 | N | N | N | 104220 | | | | |
| COMMUNICATION- MEDIA ARTS H S | 55164 | U | 504 | 273 | 54.167% | 80 | N | N | N | 40320 | | | | |
| COOKE ELEMENTARY SCHOOL | 55120 | U | 369 | 301 | 81.572% | 90 | N | N | N | 33210 | | | | |
| CROCKETT CAREER AND TECHNICAL CENTER | 235252 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DAVIS AEROSPACE TECHNICAL HIGH | 55237 | U | 202 | 152 | 75.248% | 90 | N | N | N | 18180 | | | | |
| DAVISON ELEMENTARY SCHOOL | 54985 | U | 700 | 646 | 92.286% | 90 | N | N | N | 63000 | | | | |
| DETROIT INTERNATIONAL ACADEMY | 54843 | U | 615 | 521 | 84.715% | 90 | N | N | N | 55350 | | | | |
| DETROIT LIONS ALT ED | 55026 | U | 109 | 94 | 86.239% | 90 | N | N | N | 9810 | | | | |
| DETROIT SCHOOL OF THE ARTS | 16052592 | U | 709 | 428 | 60.367% | 80 | N | N | N | 56720 | | | | |
| DIXON EDUCATIONAL LEARNING ACADEMY | 55191 | U | 770 | 619 | 80.390% | 90 | N | N | N | 69300 | | | | |
| DOSSIN ELEMENTARY SCHOOL | 55161 | U | 400 | 338 | 84.500% | 90 | N | N | N | 36000 | | | | |
| CHARLES R. DREW TRANSITION CENTER | 16029208 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DURFEE ELEMENTARY SCHOOL | 54904 | U | 626 | 500 | 79.872% | 90 | N | N | N | 56340 | | | | |
| EARHART MIDDLE SCHOOL | 54955 | U | 313 | 217 | 69.329% | 80 | N | N | N | 25040 | | | | |
| EAST ENGLISH VILLAGE PREPATORY ACADEMY | 16071375 | U | 1086 | 877 | 80.755% | 90 | N | N | N | 97740 | | | | |
| EDISON ELEMENTARY | 55162 | U | 337 | 286 | 84.866% | 90 | N | N | N | 30330 | | | | |

| SCHOOL | | 1 1 | 1 1 | ı | | | 1 | ı | ı | 1 |] | 1 | 1 | I |
|--|---------------------|--------|------|-----|---------|----|--------|-------|------|---------------|------------|-----|--|-----|
| EMERSON ELEMENTARY SCHOOL | 55080 | U | 649 | 584 | 89.985% | 90 | N | N | N | 58410 | | | | |
| FIELD MOSES | 54853 | U | 126 | 98 | 77.778% | 90 | N | N | N | 11340 | | ì | | |
| FISHER MAGNET LOWER | 235253 | U | 733 | 700 | 95.498% | 90 | N | N | N | 65970 | | | | |
| FISHER MAGNET UPPER | 16047435 | U | 637 | 568 | 89.168% | 90 | N | N | N | 57330 | | | | |
| FOREIGN LANGUAGE IMMERSION SCH | 54980 | U | 663 | 411 | 61.991% | 80 | N | N | N | 53040 | | | | |
| FREDERICK DOUGLASS HI SCH & ACADEMY | 54915 | U | 285 | 237 | 83.158% | 90 | N | N | N | 25650 | | | | |
| GARDNER ELEMENTARY SCHOOL | 55203 | U | 251 | 217 | 86.454% | 90 | N | N | N | 22590 | | | | |
| GARVEY ACADEMY | 55041 | U | 597 | 522 | 87.437% | 90 | N | N | N | 53730 | | | 1 | |
| GOLIGHTLY CAREER/TECH CENTER | 55050 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | | | |
| GOLIGHTLY EDUCATIONAL CENTER | 54848 | U | 583 | 363 | 62.264% | 80 | N | N | N | 46640 | | | | |
| GOMPERS ELEMENTARY SCHOOL | 55130 | U | 235 | 203 | 86.383% | 90 | N | N | N | 21150 | | | | |
| GREENFIELD UNION ELEM SCHOOL | 54856 | U | 434 | 359 | 82.719% | 90 | N | N | N | 39060 | | | | |
| HARMS ELEMENTARY SCHOOL | 54943 | U | 551 | 529 | 96.007% | 90 | N | N | N | 49590 | | | | |
| HENDERSON ACADEMY | 16047440 | U | 733 | 622 | 84.857% | 90 | N | N | N | 65970 | | | | |
| HUTCHINSON ELEMENTARY MIDDLE SCHOOL | 16070783 | U | 410 | 351 | 85.610% | 90 | N | N | N | 36900 | | | | |
| JERRY L WHITE CENTER HIGH SCHOOL | 16047450 | U | 275 | 220 | 80.000% | 90 | N | N | N | 24750 | | | | |
| JOHN R. KING ACAD AND PERF ARTS ACADEMY | 55263 | U | 1023 | 913 | 89.247% | 90 | N | N | N | 92070 | | | | |
| KEIDAN ELEMENTARY SCHOOL | 54869 | U | 169 | 144 | 85.207% | 90 | N | N | N | 15210 | | | | |
| KETTERING HIGH SCHOOL | 55013 | U | 107 | 105 | 98.131% | 90 | N | N | N | 9630 | | | | |
| KING HIGH SCHOOL | 54924 | U | 1402 | 984 | 70.185% | 80 | N | N | N | 112160 | | | | |
| LUDINGTON MAGNET MIDDLE SCHOOL | 55079 | U | 537 | 367 | 68.343% | 80 | N | N | N | 42960 | | | | |
| MACKENZIE PRE K-8 | 16064447 | U | 934 | 837 | 89.615% | 90 | Υ | N | N | 84060 | | | | |
| MANN ELEMENTARY SCHOOL | 55204 | U | 386 | 345 | 89.378% | 90 | Ν | N | N | 34740 | | | | |
| MARK TWAIN ELEMENTARY SCHOOL | 55059 | U | 280 | 220 | 78.571% | 90 | N | N | N | 25200 | | | | |
| MARQUETTE ELEMENTARY SCHOOL | 55269 | U | 857 | 709 | 82.730% | 90 | N | N | N | 77130 | | | | |
| MASON ELEMENTARY SCHOOL | 55219 | U | 316 | 278 | 87.975% | 90 | N | N | N | 28440 | | | | |
| MAYBURY ELEMENTARY SCHOOL | 54954 | U | 584 | 559 | 95.719% | 90 | N | N | N | 52560 | | | | |
| DETROIT DAY SCH FOR THE DEAF OFFICE | 16075505 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| FLEMING ELEMENTARY SCHOOL | 16075506 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DSA EAST - DUKE ELLINGTON CAMPUS | 16047426 | U | 454 | 362 | 79.736% | 90 | N | N | N | 40860 | | | 1 | |
| HARRIS PROFESSIONAL DEVELOPMENT | 54916 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| OAKMAN ELEMENTARY SCHOOL | 55175 | U | 226 | 184 | 81.416% | 90 | N | N | N | 20340 | | | | |
| WILKINS ELEMENTARY SCHOOL | 54900 | U | 357 | 316 | 88.515% | 90 | | N | N | 32130 | | | + | |
| 9b Shared Services | | | | | | | | | | | | 1 | | |
| SCHOOL DISTRICT | | | | | | | | | | | | | | |
| schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15. | | | | | | | | | | 4473350 | | | | 88% |
| LIBRARY SYSTEMS Column 7. Divide thi outlets/branches. En 15. | s total by the numb | ber of | | | | | | | | | | | | |
| CONSORTIA: Calcu 14. Divide this total b | | | | | | | | | | | | | | |
| entities. Enter the re- | • | | | | | | | | | | | | | |
| Entity Number: 1 | 30944 | | | | | A | Applic | ant's | Form | Identifier: D | PS471-02-2 | 013 | | |

Entity Number: 130944

Contact Person: JON BRENT

Contact Phone Number:

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 1
FRN 2462511
(to be assigned by administrator)

| 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet ap etc.), check this box and enter the original FRN in the space provided: | proved, under appeal | l, | | | |
|--|---|--|--|--|--|
| 11 Category of Service (only ONE category should be checked) | 23 | Calculations | | | |
| PRIORITY 1 PRIORITY 2 | | | | | |
| Telecommunications Service Internal Connections Other than Basic Main | tenance | A. Monthly charges (total amount per month for service) | | | |
| ☐ Internet Access ☐ Basic Maintenance of Internal Connections | | | | | |
| 12 Form 470 Application Number | | \$106,365.00 | | | |
| 534620001077151 | | B. How much of the amount in A is ineligible? | | | |
| 13 SPIN - Service Provider Identification Number | | \$0.00 | | | |
| 143037077 | Recurring | C. Eligible monthly pre-discount amount (A minus B) | | | |
| 14 Service Provider Name | Charges | \$106,365.00 | | | |
| | | D. Number of months service provided in funding year | | | |
| Encore Technology Group. LLC | | 12 | | | |
| 15a Check this box if this Funding Request is for non-contracted tariffed (| or month- | E. Annual pre-discount amount for eligible recurring charges (C x D) | | | |
| 15b Contract Number | | | | | |
| WCR-MI-2013-VOICE | | \$1,276,380.00 | | | |
| 15c Check this box if this Funding Request is covered under a master cor | ntract (a | F. Annual non-recurring charges | | | |
| contract negotiated by a third party, the terms and conditions of which are then many available to an eligible entity that purchases directly from the service provider). | | \$237,600.00 | | | |
| 15d Check this box if this Funding Request is a continuation of an FRN fr | om a | G. How much of the amount in F is ineligible? | | | |
| previous funding year based on a multi-year contract. If so, provide that FRN here | e: | G. How much of the amount in 1 is mengible: | | | |
| 16a Billing Account Number (e.g., billed telephone number) | Non- Recurring | \$0.00 | | | |
| N/A 16b Check this box if there are multiple Billing Account Numbers and attac | Charges | | | | |
| 16b L Check this box if there are multiple Billing Account Numbers and attac complete list of those numbers to this page. | m a | | | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) | | H. Annual eligible pre-discount amount for non-recurring charges (F minus G) | | | |
| (based on Form 470 ming) | | | | | |
| 01/17/2013 | | \$237,600.00 | | | |
| 18 Contract Award Date (mm/dd/yyyy) 03/08/2013 | | Total funding year pre-discount amount (E + H) | | | |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | | | | | |
| 20a Service End Date (mm/dd/yyyy) | Total | \$1,513,980.00 | | | |
| Contract Eunication Data | Charges | J. Discount from Block 4 Worksheet 87.00 | | | |
| Contract Expiration Date 20b (mm/dd/yyyy) | | K. Funding Commitment Request (I x J) \$1,317,162.60 | | | |
| 06/30/2016 | must be filed be | | | | |
| 21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown of compor | | | | | |
| must include any additional account or telephone numbers if the billed account he Number, and note number in space provided. | nas multiple numbers. | Label the description with an Attachment DPS1.9 | | | |
| | ervice is site-specific (| (provided to one site | | | |
| and not sh | nared by others), list th | ne Entity Number of | | | |
| 22 2 | from Block 4 receiving ervice is shared by all | | | | |
| | t, list the worksheet nu | | | | |
| Entity Number: 130944 | Applicant's | Form Identifier: DPS471-02-2013 | | | |
| Contact Person: JON BRENT | Contact Ph | one Number: | | | |
| | • | | | | |
| Block 6: Certifications and Signature | | | | | |
| 24 🔽 I certify that the entities listed in Block 4 of this application are eligible for | or support because the | ey are: (Check one or both.) | | | |
| a schools under the statutory definitions of elementary and secondary 7801(18) and (38), that do not operate as for-profit business | | | | | |
| b libraries or library consortia eligible for assistance from a State library Act of 1996 that do not operate as for-profit businesses and whose businesses are limited to, elementary, secondary schools, colleges, or universities. | | | | | |
| 25 I certify that the entity I represent or the entities listed on this application | have secured access | s, separately or through this program, to all of the | | | |

resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

| а | Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.) | 1513980 | | | | | | |
|--|---|------------|--|--|--|--|--|--|
| b | Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.) | 1317162.6 | | | | | | |
| С | Total applicant non-discount share (Subtract Item 25b from Item 25a.) | 196817.4 | | | | | | |
| d | Total budgeted amount allocated to resources not eligible for E-rate support | 18500000 | | | | | | |
| е | Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.) | 18696817.4 | | | | | | |
| f Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e. | | | | | | | | |

- 26 I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
 - Or I certify that no technology plan is required by Commission rules.
- 27 I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 30 I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: |

Block 6: Certification and Signature (Continued)

- 31 🗹 I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 34 I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).
- 36 🔽 I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of

| | the Commission requirement that eligible entities are not eligible for such support Commission's rules at 47 C.F.R. § 54.506(c). | rt more than twice every five funding years as required by the |
|--|--|---|
| 37 F | I certify that the non-discount portion of the costs for eligible services will not be services featured on this Form 471 are net of any rebates or discounts offered be rule, the provision, by the provider of a supported service, of free services or provider of some or all of the cost of the supported services. | y the service provider. I acknowledge that, for the purpose of this |
| 38 | Signature of authorized person | 39 Date 03/13/2013 |
| 40 | Printed name of authorized person | |
| 41 | Title or position of authorized person | |
| | Check here if the consultant in Item 6g is the Authorized Person. | |
| 42a | Street Address, P.O. Box, or Route Number | |
| | City State Zip Code - | |
| Entity | Number: 130944 | Applicant's Form Identifier: DPS471-02-2013 |
| | ct Person: JON BRENT | Contact Phone Number: |
| 42b | Telephone Number Ext. of authorized Person | |
| 42c | Fax Number of Authorized Person | |
| | | |
| 42d | E-mail Address of authorized Person | |
| | Re-enter E-mail Address | |
| 42e | Name of Authorized Person's Employer | |
| univers The co data in and lib | CE: Section 54.504 of the Federal Communications Commission's rules requires a sal service discounts to file this Services Ordered and Certification Form (FCC For Illection of information stems from the Commission's authority under Section 254 of the report will be used to ensure that schools and libraries comply with the compraries planning to order services eligible for universal service discounts must file to the company of the compan | m 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The etitive bidding requirement contained in 47C.F.R. § 54.504. All schools his form themselves or as part of a consortium. |
| An age numbe | ency may not conduct or sponsor, and a person is not required to respond to, a co r. | lection of information unless it displays a currently valid OMB control |
| provide statute implem or adju an inte | CC is authorized under the Communications Act of 1934, as amended, to collect the to determine whether approving this application is in the public interest. If we belie, regulation, rule or order, your application may be referred to the Federal, state, contenting the statute, rule, regulation or order. In certain cases, the information in your dicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United rest in the proceeding. In addition, consistent with the Communications Act of 193 § 552, or other applicable law, information provided in or submitted with this form | eve there may be a violation or a potential violation of any applicable or local agency responsible for investigating, prosecuting, enforcing, or application may be disclosed to the Department of Justice or a court states Government is a party of a proceeding before the body or has 4, FCC regulations and orders, the Freedom of Information Act, 5 |
| Manag | owe a past due debt to the Federal government, the information you provide may a ement Service, other Federal agencies and/or your employer to offset your salary ovide the information to these agencies through the matching of computer records | , IRS tax refund or other payments to collect that debt. The FCC may |
| If you o | do not provide the information we request on the form, the FCC may delay process | sing of your application or may return your application without action. |
| | regoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 1 | |
| existing burden | reporting burden for this collection of information is estimated to average 4 hours g data sources, gathering and maintaining the data needed, completing, and revie estimate or any other aspect of this collection of information, including suggestion ission, Performance Evaluation and Records Management, Washington, DC 2055 | wing the collection of information. Send comments regarding this as for reducing the reporting burden to the Federal Communications |

Please submit this form to:

SLD-Form 471 P.O. Box 7026

Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

FCC Form 471 - October 2010



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FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

| Applicant's Form Ide | entifier (Create an i | identifier for your own reference) | | Form 471 Application #: |
|--|---|---|-------------------------------------|---|
| DPS471-01-2013 | | | | 893512 (To be assigned by administrator) |
| Block 1: Billed E | Entity Address | and Identifications | | |
| | , | RICT | | |
| 2 Funding Year | 2013 | | | |
| 3a Entity Number | er 130944 | | | |
| 3b FCC Registra | ation Number 0012 | 2352134 | | |
| | | oute Number | | |
| City DETROIT S | State MI Zip Code | 48202- | | |
| 4b Telephone N | umber | | | |
| 4c Fax Number | | | | |
| ☐ Individual Sc ☐ School Distri ☐ Library ☐ Consortium ☐ Statewide aprepresenting ☐ All public s ☐ All non-pu ☐ All libraries ☐ Private | chool (individual public of (LEA; public of (including libration for (enter (check all that applications of (including libration) (including libration) (check all that applications) (including schools of districts in the sin the state of Services: | ublic or non-public school) or non-public [e.g. diocesan] local district represent ary system, library outlet/branch or library consortium service agencies, states, state networks, special or r 2-letter state code) aly) the state state | m as defined under LSTA) | es) |
| Block 1: Billed Entity Address and Identifications 1. Name of Billed Entity DETROIT PUBLIC SCHOOL DISTRICT 2. Funding Year 2013 3a Entity Number 130944 3b FCC Registration Number 0012352134 4a Street Address, P.O. Box, or Route Number 3011 WEST GRAND BLVD SUITE 1000 City DETROIT State MI Zip Code 48202- 4b Telephone Number 4c Fax Number 5a Type of Application (check only one) C Individual School (individual public or non-public school) C School District (LEA; public or non-public le.g. diocesan] local district representing multiple schools) C Library (including library system, library outlet/branch or library consortium as defined under LSTA) Slatewide application for (enter 2-letter state code) representing (check all that apply) All public schools/districts in the state All libraries in the state 5b Recipient(s) of Services: | | or: DDS471.01.2012 | | |
| | | | | л. DF3471-01-2013 |
| | | and Identifications (continued) | Contact Friend Warnber. | |
| JON BRENT | | is the same as Item 4 above, check here. \square If n | ot, complete Item 6b. | |
| NOTE: USAC wil | Il use this address | to mail correspondence about this form. | | |
| City DETROIT | State MI Zip Coo | de 48202- | | |
| Check the box next | to your preferred n | node of contact and provide your contact information | on. One box MUST be checked a | and an entry provided. |
| ☐ 6d Fax Numb ☑ 6e E-Mail Ad | ber Idress | | | |
| 6f Holiday/vacati | ion/summer contac | ct information: please include name of alternate cor | ntact (if applicable) and alternate | phone, fax or E-mail address |

If a consultant is assisting you with your application process, please complete Item 6g below:

6g Consultant Name Don Dietrich Name of Consultant's Employer BTU Consultants Consultant's Street Address 4 Media Ct

City St. Louis State MO Zip Code 63146 Consultant's Telephone Number Ext.

Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address

Consultant Registration Number 16049611

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-01-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: |

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

| | Schools | Libraries | | | |
|--|---------|-----------|--|--|--|
| 7a Number of students or patrons to be served | 57000 | 0 | | | |
| b Telephone service: Number of classrooms or rooms with phone service | 4000 | 0 | | | |
| C Direct connections to the Internet: Number of drops | 1 | 0 | | | |
| d Number of classrooms or rooms with Internet access | 7000 | 0 | | | |
| e Number of computers or other devices with Internet access | 20000 | 0 | | | |
| f Number of dial-up Internet access and other connections of up to 200 kbps: | 0 | 0 | | | |
| At or greater than 200 kbps and less High-speed Internet than 1.5 mbps | 0 | 0 | | | |
| access services: At or greater than 1.5 mbps and less Number of than 3 mbps | 0 | 0 | | | |
| buildings served at the following g speeds (please use 10 mbps | 0 | 0 | | | |
| advertised At or greater than 10 mbps and less than 25 mbps | 0 | 0 | | | |
| building, not actual At or greater than 25 mbps and less speed in classroom than 50 mbps | 0 | 0 | | | |
| or work area): At or greater than 50 mbps and less than 100 mbps | 0 | 0 | | | |
| Greater than 100 mbps | 1 | 0 | | | |

Block 3:

8 [Reserved]

| Entity Number: 130944 | Applicant's Form Identifier: DPS471-01-2013 |
|---------------------------|---|
| Contact Person: JON BRENT | Contact Phone Number: |

Block 4: Discount Calculation Worksheet

Worksheet - 1548998

Page 1 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

School District or Library System Entity Number:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------------|----------|------------------------------------|----------------|---|----|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc | for Calculating Shared Discount | Education, J = | Entity Number of School District in which Library Outlet/Branch is Located | | Shared Discount |
| ALL EN | | SCHOOLS AND LIBRARIES | | | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | | | |
| EDUCATION ACHIEVEMENT AUTHORITY OF MICHIGAN | 16069127 | U | 0 | 0 | 0.000% | 89 | N | N | N | 0 | | | 89 | |
| DETROIT PUBLIC SCHOOL DISTRICT | 130944 | U | 0 | 0 | 0.000% | 88 | | | | 0 | | | 88 | |

| GEE EDMONSON ACADEMY | 54830 | U | 313 | 276 | 88.179% | 90 | N | N | N | 28170 | | 90 | |
|---|---------------------------------------|---|-----|-----|---------|----|--------|-------|------|-------------|-----|-----|--|
| HAMILTON ELEMENTARY SCHOOL | 55022 | U | 495 | 438 | 88.485% | 90 | N | N | N | 44550 | | 90 | |
| LOVING ELEMENTARY SCHOOL | 54979 | U | 233 | 222 | 95.279% | 90 | N | N | N | 20970 | | 90 | |
| FERGUSON ACAD FOR YOUNG WOMEN | 54938 | U | 231 | 190 | 82.251% | 90 | N | N | N | 20790 | | 90 | |
| GEE WHITE ACADEMY | 54992 | U | 630 | 543 | 86.190% | 90 | N | N | N | 56700 | | 90 | |
| GLAZER ELEMENTARY SCHOOL | 55296 | U | 235 | 204 | 86.809% | 90 | N | N | N | 21150 | | 90 | |
| RUTHERFORD WINANS ACADEMY | 16075508 | U | 346 | 305 | 88.150% | 90 | N | N | N | 31140 | | 90 | |
| LOGAN ELEMENTARY SCHOOL | 16075507 | U | 66 | 26 | 39.394% | 60 | N | N | N | 3960 | | 60 | |
| 9b Shared Services | | | | | | | | | | | | | |
| SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15. | | | | | | | | | | | | | |
| LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15. | | | | | | | | | | | | | |
| CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15. | | | | | | | | | | | 867 | 87% | |
| Entity Number: | | | | | | / | Applic | ant's | Form | Identifier: | | | |
| Contact Person: | Contact Person: Contact Phone Number: | | | | | | | | | | | | |

Block 4: Discount Calculation Worksheet

Worksheet - 1548999

Page 2 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

 \square Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

School District or Library System Entity Number:

| | | | | | | | | | | | | 3 3 | , | |
|--|---|-----------------------------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|--|---|---------------------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban or Rural U or R | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre- K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | TITIES | | | SCHOOLS AND LIBRARIES | | | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| BRENDA M. SCOTT MIDDLE SCHOOL | 16047449 | U | 863 | 768 | 88.992% | 90 | N | N | N | 77670 | | | | |
| TRIX ELEMENTARY SCHOOL | 54885 | U | 429 | 366 | 85.315% | 90 | N | N | N | 38610 | | | | |
| CENTRAL HIGH SCHOOL | 54903 | U | 794 | 634 | 79.849% | 90 | N | N | N | 71460 | | | | |
| DENBY HIGH SCHOOL | 55134 | U | 1158 | 902 | 77.893% | 90 | N | N | N | 104220 | | | | |
| FITZGERALD BETHUNE | 55299 | U | 763 | 595 | 77.982% | 90 | N | N | N | 68670 | | | | |
| FORD HIGH SCHOOL | 55075 | U | 927 | 735 | 79.288% | 90 | N | N | N | 83430 | | | | |
| LAW ACADEMY | 55232 | U | 755 | 682 | 90.331% | 90 | N | N | N | 67950 | | | | |
| MUMFORD HIGH SCHOOL | 55111 | U | 1050 | 772 | 73.524% | 80 | N | N | N | 84000 | | | | |
| MURPHY MIDDLE SCHOOL | 55121 | U | 677 | 616 | 90.990% | 90 | N | N | N | 60930 | | | | |
| NOLAN MIDDLE SCHOOL | 54854 | U | 596 | 522 | 87.584% | 90 | N | N | N | 53640 | | | | |
| PERSHING HIGH SCHOOL | 55222 | U | 858 | 764 | 89.044% | 90 | N | N | N | 77220 | | | | |
| PHOENIX MULTICULTURAL ACADEMY | 54948 | U | 430 | 413 | 96.047% | 90 | N | N | N | 38700 | | | | |
| SOUTHEASTERN HIGH SCHOOL | 55033 | U | 1160 | 975 | 84.052% | 90 | N | N | N | 104400 | | | | |
| STEWART ELEMENTARY SCHOOL | 55313 | U | 492 | 462 | 93.902% | 90 | Ν | N | N | 44280 | | | | |
| BURNS ELEMENTARY SCHOOL | 55178 | U | 603 | 535 | 88.723% | 90 | N | N | N | 54270 | | | | |
| 9b Shared Services | | | | | | | | | | | | | | |
| SCHOOL DISTRICT schools within school totals of Columns 4 Column 11 by the to | ol districts.) Calcula and 11. Divide the | te the total of | | | | | | | | 1029450 | | | | 89% |

| result in Column 15. | | | | | | | | |
|---|--|---|--------|--------|-------|-------------|--|--|
| LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15. | | | | | | | | |
| CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15. | | | | | | | | |
| Entity Number: | | A | Applic | ant's | Form | Identifier: | | |
| Contact Person: | | (| Conta | ct Pho | ne Nu | ımber: | | |

Block 4: Discount Calculation Worksheet

Worksheet - 1549000 Page 3 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

School District or Library System Entity Number:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|---|-------|--------------------------------|---|--|----------------------------------|-----------------------------|---------------------------|------------------|---|--|---|---------------------------------|--------------------|
| Name of Eligible Entity | Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries) | Urban | Total Number of Students | Number of Students Eligible for NSLP | Percent of Students Eligible for NSLP (Col. 5 / Col. 4) | Disc. from Disc. Matrix | New Cons tructi on | Admin Entity or NIF | Alt Disc Mech | Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7) | Insert appropriate codes(s): P= pre-K, H = Head Start, A = Adult Education, J = Juvenile Justicem E = ESA, D = Dormatory | Entity Number of School District in which Library Outlet/Branch is Located | Discount of Member Entity | Shared Discount |
| ALL EN | ITITIES | | | S | CHOOLS AND LIB | RARIES | | | | Schools with shared services | Schools | Library Outlet/Branch | Consortia | |
| MUNGER ELEMENTARY-MIDDLE SCHOOL | 54968 | U | 862 | 748 | 86.775% | 90 | Υ | N | N | 77580 | | | | |
| NEINAS ELEMENTARY SCHOOL | 54946 | U | 336 | 330 | 98.214% | 90 | N | N | N | 30240 | | | | |
| NICHOLS ELEMENTARY SCHOOL | 55031 | U | 374 | 327 | 87.433% | 90 | N | N | N | 33660 | | | | |
| NOBLE ELEMENTARY SCHOOL | 55309 | U | 431 | 351 | 81.439% | 90 | N | N | N | 38790 | | | | |
| NORTHWESTERN HIGH SCHOOL | 54929 | U | 835 | 665 | 79.641% | 90 | N | N | N | 75150 | | | | |
| A L HOLMES ELEMENTARY SCHOOL | 55010 | U | 430 | 396 | 92.093% | 90 | N | N | N | 38700 | | | | |
| ACADEMY OF THE AMERICAS | 54976 | U | 692 | 587 | 84.827% | 90 | N | N | N | 62280 | | | | |
| ANN ARBOR TRAIL MAGNET MIDDLE SCHOOL | 55314 | U | 480 | 349 | 72.708% | 80 | N | N | N | 38400 | | | | |
| BAGLEY ELEMENTARY SCHOOL | 55113 | U | 417 | 358 | 85.851% | 90 | N | N | N | 37530 | | | | |
| BATES ACADEMY | 55116 | U | 867 | 494 | 56.978% | 80 | N | N | N | 69360 | | | | |
| BEARD ELEMENTARY | 235261 | U | 80 | 75 | 93.750% | 90 | N | N | N | 7200 | | | | |
| BENNETT ELEMENTARY SCHOOL | 54944 | U | 485 | 458 | 94.433% | 90 | Ν | N | N | 43650 | | | | |
| BLACKWELL INST OF INTNL STUDY | 55019 | U | 596 | 508 | 85.235% | 90 | N | N | N | 53640 | | | | |
| BOW ELEMENTARY SCHOOL | 55246 | U | 647 | 542 | 83.771% | 90 | N | N | N | 58230 | | | | |
| BREITHAUPT VOC/TECH CENTER | 55188 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | | | |
| BREWER ELEMENTARY MIDDLE SCHOOL | 54898 | U | 636 | 555 | 87.264% | 90 | N | N | N | 57240 | | | | |
| BUNCHE ELEMENTARY MIDDLE SCHOOL | 54925 | U | 555 | 461 | 83.063% | 90 | N | N | N | 49950 | | | | |
| BURTON INTERNATIONAL SCHOOL | 54836 | U | 845 | 595 | 70.414% | 80 | N | N | N | 67600 | | | | |
| CARLETON ELEMENTARY SCHOOL | 55132 | U | 478 | 440 | 92.050% | 90 | N | N | N | 43020 | | | | |
| CARSTENS ELEMENTARY SCHOOL | 55047 | U | 200 | 191 | 95.500% | 90 | N | N | N | 18000 | | | | |
| CARVER ELEMENTARY SCHOOL | 55199 | U | 397 | 307 | 77.330% | 90 | N | N | N | 35730 | | | | |
| CASS TECHNICAL HIGH SCHOOL | 54837 | U | 2138 | 1224 | 57.250% | 80 | N | N | N | 171040 | | | | |
| CHARLES WRIGHT ACADEMY | 235257 | U | 653 | 570 | 87.289% | 90 | N | N | N | 58770 | | | | |
| CHRYSLER ELEMENTARY SCHOOL | 54920 | U | 176 | 99 | 56.250% | 80 | N | N | N | 14080 | | | | |
| CLARK ELEMENTARY SCHOOL | 55147 | U | 584 | 471 | 80.651% | 90 | N | N | N | 52560 | | | | |
| CLIPPERT ACADEMY | 54945 | U | 530 | 497 | 93.774% | 90 | N | N | N | 47700 | | | | |
| CODY ACADEMIES | 55184 | U | 1158 | 1024 | 88.428% | 90 | N | N | N | 104220 | | | | |
| COMMUNICATION- MEDIA ARTS H S | 55164 | U | 504 | 273 | 54.167% | 80 | N | N | N | 40320 | | | | |
| COOKE ELEMENTARY SCHOOL | 55120 | U | 369 | 301 | 81.572% | 90 | N | N | N | 33210 | | | | |

| CROCKETT CAREER AND TECHNICAL | 235252 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | i | |
|---|----------|---|------|-----|---------|----|---|----|---|--------|---|--|
| CENTER DAVIS AEROSPACE | | _ | | | | | | IN | | | | |
| TECHNICAL HIGH DAVISON | 55237 | U | 202 | 152 | 75.248% | 90 | N | N | N | 18180 | | |
| ELEMENTARY SCHOOL DETROIT | 54985 | U | 700 | 646 | 92.286% | 90 | N | N | N | 63000 | | |
| INTERNATIONAL ACADEMY | 54843 | U | 615 | 521 | 84.715% | 90 | N | N | N | 55350 | | |
| DETROIT LIONS ALT ED | 55026 | U | 109 | 94 | 86.239% | 90 | Ν | N | N | 9810 | | |
| DETROIT SCHOOL OF THE ARTS | 16052592 | U | 709 | 428 | 60.367% | 80 | N | N | N | 56720 | | |
| DIXON EDUCATIONAL LEARNING ACADEMY | 55191 | U | 770 | 619 | 80.390% | 90 | Ν | N | N | 69300 | | |
| DOSSIN ELEMENTARY SCHOOL | 55161 | U | 400 | 338 | 84.500% | 90 | N | N | N | 36000 | | |
| CHARLES R. DREW TRANSITION CENTER | 16029208 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | |
| DURFEE ELEMENTARY SCHOOL | 54904 | U | 626 | 500 | 79.872% | 90 | N | N | N | 56340 | | |
| EARHART MIDDLE SCHOOL | 54955 | U | 313 | 217 | 69.329% | 80 | N | N | N | 25040 | | |
| EAST ENGLISH VILLAGE PREPATORY ACADEMY | 16071375 | U | 1086 | 877 | 80.755% | 90 | N | N | N | 97740 | | |
| EDISON ELEMENTARY SCHOOL | 55162 | U | 337 | 286 | 84.866% | 90 | N | N | N | 30330 | | |
| EMERSON ELEMENTARY SCHOOL | 55080 | U | 649 | 584 | 89.985% | 90 | N | N | N | 58410 | | |
| FIELD MOSES | 54853 | U | 126 | 98 | 77.778% | 90 | N | N | N | 11340 | | |
| FISHER MAGNET LOWER | 235253 | U | 733 | 700 | 95.498% | 90 | N | N | N | 65970 | | |
| FISHER MAGNET UPPER | 16047435 | U | 637 | 568 | 89.168% | 90 | N | N | N | 57330 | | |
| FOREIGN LANGUAGE IMMERSION SCH | 54980 | U | 663 | 411 | 61.991% | 80 | N | N | N | 53040 | | |
| FREDERICK DOUGLASS HI SCH & ACADEMY | 54915 | U | 285 | 237 | 83.158% | 90 | N | N | N | 25650 | | |
| GARDNER ELEMENTARY SCHOOL | 55203 | U | 251 | 217 | 86.454% | 90 | N | N | N | 22590 | | |
| GARVEY ACADEMY GOLIGHTLY | 55041 | U | 597 | 522 | 87.437% | 90 | N | N | N | 53730 | | |
| CAREER/TECH CENTER | 55050 | U | 1 | 0 | 0.000% | 20 | N | N | N | 20 | | |
| GOLIGHTLY EDUCATIONAL CENTER | 54848 | U | 583 | 363 | 62.264% | 80 | N | N | N | 46640 | | |
| GOMPERS ELEMENTARY SCHOOL | 55130 | U | 235 | 203 | 86.383% | 90 | N | N | N | 21150 | | |
| GREENFIELD UNION ELEM SCHOOL | 54856 | U | 434 | 359 | 82.719% | 90 | N | N | N | 39060 | | |
| HARMS ELEMENTARY SCHOOL | 54943 | U | 551 | 529 | 96.007% | 90 | N | N | N | 49590 | | |
| HENDERSON ACADEMY | 16047440 | U | 733 | 622 | 84.857% | 90 | N | N | N | 65970 | | |
| HUTCHINSON ELEMENTARY MIDDLE SCHOOL | 16070783 | U | 410 | 351 | 85.610% | 90 | N | N | N | 36900 | | |
| JERRY L WHITE CENTER HIGH SCHOOL | 16047450 | U | 275 | 220 | 80.000% | 90 | N | N | N | 24750 | | |
| JOHN R. KING ACAD AND PERF ARTS ACADEMY | 55263 | U | 1023 | 913 | 89.247% | 90 | N | N | N | 92070 | | |
| KEIDAN ELEMENTARY SCHOOL | 54869 | U | 169 | 144 | 85.207% | 90 | N | N | N | 15210 | | |
| KETTERING HIGH SCHOOL | 55013 | U | 107 | 105 | 98.131% | 90 | N | N | N | 9630 | | |
| KING HIGH SCHOOL | 54924 | U | 1402 | 984 | 70.185% | 80 | N | N | N | 112160 | | |
| LUDINGTON MAGNET MIDDLE SCHOOL | 55079 | U | 537 | 367 | 68.343% | 80 | N | N | N | 42960 | | |
| MACKENZIE PRE K-8 MANN ELEMENTARY | 16064447 | U | 934 | 837 | 89.615% | 90 | Y | N | N | 84060 | | |
| SCHOOL MARK TWAIN | 55204 | U | 386 | 345 | 89.378% | 90 | N | N | N | 34740 | | |
| ELEMENTARY SCHOOL MARQUETTE | 55059 | U | 280 | 220 | 78.571% | 90 | N | N | N | 25200 | | |
| ELEMENTARY SCHOOL MASON ELEMENTARY | 55269 | U | 857 | 709 | 82.730% | 90 | N | N | N | 77130 | | |
| SCHOOL MAYBURY | 55219 | U | 316 | 278 | 87.975% | 90 | N | N | N | 28440 | | |
| ELEMENTARY SCHOOL PRIEST ELEMENTARY | 54954 | U | 584 | 559 | 95.719% | 90 | N | N | N | 52560 | | |
| SCHOOL PULASKI ELEMENTARY | 54964 | U | 861 | 793 | 92.102% | 90 | N | N | N | 77490 | | |
| SCHOOL RANDOLPH | 54887 | U | 616 | 569 | 92.370% | 90 | N | N | N | 55440 | | |
| CAREER/TECH CENTER | 55258 | U | 3 | 0 | 0.000% | 20 | N | N | N | 60 | | |
| RENAISSANCE HIGH SCHOOL | 55247 | U | 1112 | 555 | 49.910% | 80 | N | N | N | 88960 | | |
| ROBERT BROWN ACADEMY | 235251 | U | 1082 | 863 | 79.760% | 90 | N | N | N | 97380 | | |

| SCHOOL DISTRICTS: schools within school of totals of Columns 4 and Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Enter 15. CONSORTIA: Calculated 14. Divide this total by entities. Enter the result to 15. Entity Number: 130. Contact Person: JC Block 5: Discount for Instructions: Use on requesting discounts. Metallic 15. | districts.) Calculate and 11. Divide the state of Column 4. Er Calculate the total by the number the result in Column 15. O944 ON BRENT Funding Requere Block 5 page for the divide the state of the column 15. | te the total of all of the of the total of the of the of the total of the of th | , | • | | 90 AA C | Conta | ant's | N Form | 32130 4473350 Identifier: D umber: Block 5, | page 1 of | | | 88% |
|--|--|--|-------|------|----------|----------|---------------|------------|-----------|---|------------|------|----------------|-----|
| schools within school of totals of Columns 4 and Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Enter 15. CONSORTIA: Calculated 14. Divide this total by entities. Enter the resultential to the contact Person: JC Block 5: Discount for total systems. | 54900 : (Including group districts.) Calculate and 11. Divide the full of Column 4. Er Calculate the total total by the number the result in Column 15. 10944 ON BRENT Funding Reque | U as of the the total of the t | 51054 | 316 | 88.515% | 90 | N Application | N ant's | N | 32130 4473350 Identifier: D | | | | 88% |
| schools within school of totals of Columns 4 and Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Ente 15. CONSORTIA: Calculat 14. Divide this total by entities. Enter the resu | 54900 : (Including group districts.) Calculate and 11. Divide the full of Column 4. Er Calculate the total by the number the result in Column 15. | U so of the the total of the the of the the total of the total of the the total of the tot | 357 | | | 90 | N | N ant's | N | 32130 4473350 | PS471-01-2 | 2013 | | 88% |
| schools within school of totals of Columns 4 and Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Ente 15. CONSORTIA: Calculat 14. Divide this total by entities. Enter the resu | 54900 : (Including group districts.) Calculate and 11. Divide the full of Column 4. Er Calculate the total by the number the result in Column 4. Er the total of Column 4. Er the Column 4. Er the Total of Column 4. Er the Tota | U so of the the total of the the of the the total of the total of the the total of the tot | 357 | | | 90 | N | Z | N | 32130 4473350 | PS471.01 1 | 2013 | | 88% |
| schools within school of totals of Columns 4 and Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Ente 15. CONSORTIA: Calculat 14. Divide this total by | 54900 : (Including group districts.) Calculate and 11. Divide the fall of Column 4. Er Calculate the total by the number the result in Column 4. Et total by the number the result of Column 4. | U so of the the total of the the of the the total of the total of the the total of the tot | 357 | | | | | | | 32130 | | | | 88% |
| schools within school of totals of Columns 4 an Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Ente 15. CONSORTIA: Calculate totals with the column 7. Calculate 15. | 54900 : (Including group districts.) Calculate and 11. Divide the all of Column 4. Er Calculate the total by the number the result in Colute the total of Colute the total of Colute the total of Colute the total of Col | U so of the the total of the the of the the total of the total of the the total of the tot | 357 | | | | | | | 32130 | | | | 88% |
| schools within school of totals of Columns 4 an Column 11 by the total result in Column 15. LIBRARY SYSTEMS: Column 7. Divide this toutlets/branches. Ente | 54900 :: (Including group districts.) Calculate and 11. Divide the all of Column 4. Er Calculate the total by the numb | U so of the the total of the the the the the total of the the total of the | 357 | | | | | | | 32130 | | | | 88% |
| schools within school of otals of Columns 4 an Column 11 by the total esult in Column 15. LIBRARY SYSTEMS: Column 7. Divide this t | 54900 :: (Including group districts.) Calculate and 11. Divide the all of Column 4. Er Calculate the total by the numb | U so of the the total of the the the the the total of the the total of the | 357 | | | | | | | 32130 | | | | 88% |
| schools within school on talls of Columns 4 an Column 11 by the total esult in Column 15. | 54900 :: (Including group districts.) Calculated 11. Divide the all of Column 4. Er | U so of the total of the the | 357 | | | | | | | 32130 | | | | 88% |
| schools within school o otals of Columns 4 an Column 11 by the total | 54900 : (Including group districts.) Calculated 11. Divide the | U s of the total of | 357 | | | | | | | 32130 | | | | 88% |
| schools within school of | 54900 : (Including group districts.) Calculat | U s of | 357 | | | | | | | 32130 | | | | 88% |
| | 54900 | U os of | | | | | | | | | | | | |
| | 54900 | U | | | | | | | | | | | | |
| b Shared Services | | | | | | | | | | | | | | |
| WILKINS ELEMENTARY SCHOOL | 55175 | U | 226 | 184 | 81.416% | 30 | IN | IN | - 13 | 20340 | | | | _ |
| OAKMAN ELEMENTARY SCHOOL | | | | | 04 4460/ | 90 | l NI | N | N | 20340 | | | 1 | 1 |
| DEVELOPMENT | 54916 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| HARRIS PROFESSIONAL | | U | | | | | | | NI NI | 0 | | | 1 | t |
| DSA EAST - DUKE ELLINGTON CAMPUS | 16047426 | U | 454 | 362 | 79.736% | 90 | N | N | N | 40860 | | | 1 | 1 |
| FLEMING ELEMENTARY SCHOOL | 16075506 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | 1 |
| DETROIT DAY SCH FOR THE DEAF OFFICE | 16075505 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| PAUL ROBESON MALCOM X ACADMEY | 55308 | U | 574 | 453 | 78.920% | 90 | N | N | N | 51660 | | | | |
| PASTEUR ELEMENTARY SCHOOL | 55105 | U | 341 | 284 | 83.284% | 90 | N | N | N | 30690 | | | | |
| PREPARATORY ACADEMY | 230748 | U | 553 | 463 | 83.725% | 90 | N | N | N | 49770 | | | | |
| SCHOOL PALMER PARK | | | | | | | IN | 14 | 1 1 | | | | - | + |
| DSBORN HIGH | 54889 | U | 941 | 775 | 82.359% | 90 | N | N | N | 84690 | | | _ | + |
| WESTSIDE BUS | 16047667 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | 1 | + |
| COMPLEX BUILDING C WEST HUB | 16028678 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | _ | + |
| COMPLEX BUILDING B SUPPORT SERVICES | 16047666 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | - | + |
| COMPLEX BUILDING A SUPPORT SERVICES | 16047665 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | + |
| SUPPORT SERVICES | 16047664 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | |
| DFFICE OF PUBLIC SAFETY | 16029205 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | + |
| AWLON BUILDING | 16047597 16047649 | U | 0 | 0 | 0.000% | 88 88 | N N | N N | N N | 0 | | | | + |
| FACILITY | 16029180 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | - |
| EAST HUB EAST SIDE BUS | 16028647 | U | 0 | 0 | 0.000% | 88 | N | N | N | 0 | | | | - |
| CENTER | 16047596 | | | | 0.000% | | N | IN | IN | | | | | |
| CENTRAL DISTRIBUTION | 16047596 | U | 0 | 0 | 0.000% | 88 | | N | N | 0 | | | | t |
| YOUNG ELEMENTARY SCHOOL | 55171 | U | 655 | 522 | 79.695% | 90 | N | N | N | 58950 | | | | |
| WILLIAM BECKHAM ACADEMY | 235250 | U | 632 | 536 | 84.810% | 90 | N | N | N | 56880 | | | 1 | |
| INTERNATIONAL HIGH SCH | 54951 | U | 1497 | 1108 | 74.015% | 80 | N | N | N | 119760 | | | | |
| ALTERNATIVE ED HS WESTERN | 235258 | U | 524 | 447 | 85.305% | 90 | N | N | N | 47160 | | | | - |
| SCHOOL WEST SIDE | 55137 | U | 364 | 322 | 88.462% | 90 | N | N | N | 32760 | | | | _ |
| SCHOOL WAYNE ELEMENTARY | 55239 | U | 290 | 209 | 72.069% | 80 | N | N | N | 23200 | | | _ | |
| ACADEMY VERNOR ELEMENTARY | 54893 | _ | 92 | 72 | 78.261% | 90 | N | N | N | 8280 | | | | + |
| SCHOOL TURNING POINT | F 4000 | U | 00 | 70 | 70.0040/ | 00 | NI. | NI. | N | 0200 | | | | + |
| THURGOOD MARSHALL ELEM | 55300 | U | 332 | 310 | 93.373% | 90 | N | N | N | 29880 | | | | |
| THIRKELL ELEMENTARY SCHOOL | 54909 | U | 466 | 437 | 93.777% | 90 | N | N | N | 41940 | | | | |
| SPAIN ELEMENTARY SCHOOL | 54834 | U | 755 | 601 | 79.603% | 90 | N | N | N | 67950 | | | | |
| SCHULZE ELEMENTARY SCHOOL | 55109 | U | 768 | 609 | 79.297% | 90 | Ν | N | Ν | 69120 | | | | |
| SAMPSON SCHOOL | 54880 | U | 370 | 320 | 86.486% | 90 | N | N | N | 33300 | | | | |

10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal,

| etc.), check this box | and enter the original FRN in the space | provided: | | | | |
|--|---|--|-------------------|-------------|--|--|
| 11 Category of Service (| only ONE category should be checked) | | 23 | Calcul | lations | |
| PRIORITY 1 | PRIORITY 2 | | | A Man | thly charges (total amount per month for service) | |
| ▼ Telecommunications Serv | ce 🔲 Internal Connections Other than | n Basic Maintenance | | A. MON | thly charges (total amount per month for service) | |
| ☐ Internet Access | Basic Maintenance of Internal C | Connections | | | | |
| 12 Form 470 Applica | tion Number | | 111 | \$ | 143,162.90 | |
| 480900001090854 | | | | B. How | much of the amount in A is ineligible? | |
| 13 SPIN - Service Pr | ovider Identification Number | | 111 | \$: | 3,278.54 | |
| 143000093 | | | Recurring | C. Eliai | ble monthly pre-discount amount (A minus B) | |
| 14 Service Provider | Name | | Charges | | , , | |
| | | | | \$ | 139,884.36 | |
| | | | | D. Num | ber of months service provided in funding year | |
| XO Communication Se | | | . | 1: | 2 | |
| 15a Check this box if to-month services. | this Funding Request is for non-contract | cted tariffed or month- | | E Appl | ual pre-discount amount for eligible recurring charges (C x D) | |
| 15b Contract Number | r | | ╢ | L. Alliic | dai pre-discount amount for eligible recurring charges (C x D) | |
| | • | | | \$ | 1,678,612.32 | |
| 13-0334C | | | | E Anni | ual non requiring charges | |
| | this Funding Request is covered under party, the terms and conditions of which | , | | I . Annu | all non-recurring charges | |
| available to an eligible entity the | nat purchases directly from the service | provider). | | \$ | 0.00 | |
| | this Funding Request is a continuation of | | | G. How | much of the amount in F is ineligible? | |
| | n a multi-year contract. If so, provide th Number (e.g., billed telephone numbe | | ╢ | | | |
| Toa Billing Account | varriber (e.g., billed telephone nambe | 51 <i>)</i> | Non- Recurring | \$ | 0.00 | |
| VARIOUS | _ | | | | | |
| | b Check this box if there are multiple Billing Account Numbers and attach a plete list of those numbers to this page. | | | | | |
| <u> </u> | Selection/Contract Date (mm/d | dd/vvvv) | 11 | H. Annı | ual eligible pre-discount amount for non-recurring charges (F | |
| (based on Form 4 | | | | minus G | | |
| 02/01/2013 | | | | | | |
| 18 Contract Award D | ate (mm/dd/yyyy) | | ╢ | \$ | 0.00 | |
| 03/13/2013 | | | | I Total | funding year are discount amount (F + 11) | |
| 19 Service Start Dat | e (mm/dd/yyyy) | | | 1. Total | funding year pre-discount amount (E + H) | |
| 07/01/2013 20a Service End Date | (mm/dd/\\\\\) | | Total | \$ | 1,678,612.32 | |
| 200 OSIVIOS ENG BUIL | (, 3.3.)))) | | Charges | J. Disco | ount from Block 4 Worksheet 87.00 | |
| Contract Expiration | Date | | | K Fund | ding Commitment Request (I x J) | |
| 20b (mm/dd/yyyy) 06/30/2015 | | | | | 1,460,392.72 | |
| 21 Description of Thi | s Service: NOTE: All Item 21 At | tachments must b | e filed bet | fore the | close of the filing window. Attachment | |
| | on of the service, including a breakdow | | | | | |
| Number, and note number in | account or telephone numbers if the billerspace provided. | led account has multip | ie numbers. | Label the | e description with an Attachment DPS1.1 | |
| , | | a. If the service is si | ite-specific (| provided | to one site | |
| | | and not shared by o | thers), list th | ne Entity N | Number of | |
| 22 Entity/Entities Re | eceiving This Service: | the entity from Block | | | | |
| | | b. If the service is sl worksheet, list the w | | | | |
| Entity Number: 120044 | | | | | | |
| Entity Number: 130944 Contact Person: JON BRI | NT | · | ontact Ph | | dentifier: DPS471-01-2013 | |
| Block 5: Discount Fundin | | | | | Block 5, page 2 of 8 | |
| Instructions: Use one Block | 5 page for EACH service (Funding Re- | | | | | |
| requesting discounts. Make as that they are all processed cor | many copies of this page as needed, a | and number the comple | eted pages to | o assure | FRN 2462379 (to be assigned by administrator) | |
| | Funding Request (e.g., of an FRN that | is not yet approved. u | nder appeal | , | (10 DO GOOLGHOU DY GUITHIBUIGIO) | |
| | and enter the original FRN in the space | | | | | |
| 11 Category of Service (| only ONE category should be checked) | | 23 | Calcul | lations | |
| PRIORITY 1 | PRIORITY 2 | | | Λ M40 | thly charges (total amount per month for service) | |
| Telecommunications Serv | ice 🔲 Internal Connections Other than | n Basic Maintenance | | A. IVION | thly charges (total amount per month for service) | |
| ☐ Internet Access | ☐ Basic Maintenance of Internal C | Connections | <u> </u> | | | |
| 12 Form 470 Applica | tion Number | | \$57,873.06 | | | |
| 11874000636194 | | | | B. How | much of the amount in A is ineligible? | |

| 13 SPIN - Service Provider Identification Number | | \$1,325.34 |
|--|---|--|
| 143025240 | Recurring | C. Eligible monthly pre-discount amount (A minus B) |
| 14 Service Provider Name | Charges | \$56,547.72 |
| | | D. Number of months service provided in funding year |
| AT&T Mobility | ║ | 12 |
| 15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. | | E. Annual pre-discount amount for eligible recurring charges (C x D) |
| 15b Contract Number | ╢ | |
| 0.0502.4 | | \$678,572.64 |
| 8-0502-1 15c Check this box if this Funding Request is covered under a master contract (a | ╢ | F. Annual non-recurring charges |
| contract negotiated by a third party, the terms and conditions of which are then made | | \$0.00 |
| available to an eligible entity that purchases directly from the service provider). 15d | | <u> </u> |
| previous funding year based on a multi-year contract. If so, provide that FRN here: | ║ | G. How much of the amount in F is ineligible? |
| 16a Billing Account Number (e.g., billed telephone number) | Non- | \$0.00 |
| VARIOUS | Recurring Charges | \$0.00 |
| 16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) | ╢ | H. Annual eligible pre-discount amount for non-recurring charges (F |
| (based on Form 470 filing) | | minus G) |
| 12/06/2007 | | #0.00 |
| 18 Contract Award Date (mm/dd/yyyy) | 11 | \$0.00 |
| 02/07/2008 19 Service Start Date (mm/dd/yyyy) | | Total funding year pre-discount amount (E + H) |
| 07/01/2013 | ∭ | \$678,572.64 |
| 20a Service End Date (mm/dd/yyyy) | Total Charges | J. Discount from Block 4 Worksheet 87.00 |
| Contract Expiration Date | | K. Funding Commitment Request (I x J) |
| 20b (mm/dd/yyyy) 06/30/2014 | | \$590,358.20 |
| | | |
| 21 Description of This Service: NOTE: All Item 21 Attachments must b | | ~ |
| 21 Description of This Service: NOTE: All Item 21 Attachments must b You MUST attach a description of the service, including a breakdown of components, cos must include any additional account or telephone numbers if the billed account has multip | s, manufact | urer name, make and model number. You |
| You MUST attach a description of the service, including a breakdown of components, cos | s, manufact | urer name, make and model number. You |
| You MUST attach a description of the service, including a breakdown of components, cos must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. a. If the service is s | s, manufact le numbers. te-specific (| urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site |
| You MUST attach a description of the service, including a breakdown of components, cos must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. | s, manufact le numbers. te-specific (thers), list th | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of |
| You MUST attach a description of the service, including a breakdown of components, cos must include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. | s, manufact le numbers. te-specific (thers), list the 4 receiving | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 |
| You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 | s, manufact le numbers. te-specific (thers), list the 4 receiving pared by all vorksheet nu | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 |
| You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: Entity Number: 130944 A A | s, manufact le numbers. te-specific (thers), list th 4 4 receiving nared by all vorksheet nu opplicant's | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 |
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| You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. 22 Entity/Entities Receiving This Service: Entity Number: 130944 Contact Person: JON BRENT Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for while the provided account has multip and including a breakdown of components, cosmusting the built account has multip Number, if the billed account has multip Number, and note number is said account has multip Number, if the billed account has multip Number, and note number is said and not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block b. If the service is said not shared by the entity from Block by | te-specific (thers), list the 4 receiving pared by all vorksheet numbers. | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 Imber (e.g., 1): 1548998 Form Identifier: DPS471-01-2013 Dene Number: Block 5, page 3 of 8 |
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| You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. a. If the service is sand not shared by of the entity from Block b. If the service is sand not shared by of the entity from Block b. If the service is sworksheet, list the vertice is sworksheet. | s, manufact le numbers. te-specific (thers), list the state receiving mared by all vorksheet nu poplicant's ch you are ted pages to nder appeal | Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 the Entities on a Block 4 the Entities on a Block 5 the Entities on a Block 4 the Entities on a Bl |
| You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. | s, manufact le numbers. te-specific (thers), list the state receiving mared by all vorksheet nu poplicant's ch you are ted pages to nder appeal | urer name, make and model number. You Label the description with an Attachment DPS1.2 provided to one site the Entity Number of this service: entities on a Block 4 the berefit in the provided to one site the Entity Number of this service: entities on a Block 4 the berefit in the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of this service: entities on a Block 4 the provided to one site the Entity Number of the Entity Nu |

| 15b Contract Number | | | | | |
|--|--|--|--|--|--|
| | | \$4,396,946.52 | | | |
| 3-0765-1001 | ╝ | | | | |
| 15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). | 1 | F. Annual non-recurring charges \$0.00 | | | |
| 15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: | | G. How much of the amount in F is ineligible? | | | |
| 16a Billing Account Number (e.g., billed telephone number) | Non- | | | | |
| N/A | Recurring | \$0.00 | | | |
| 16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. | Charges | | | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) | | H. Annual eligible pre-discount amount for non-recurring charges (F | | | |
| (based on Form 470 filing) | | minus G) | | | |
| 12/28/2004 | | \$0.00 | | | |
| 18 Contract Award Date (mm/dd/yyyy) 12/28/2004 | | 40.00 | | | |
| 19 Service Start Date (mm/dd/yyyy) | | I. Total funding year pre-discount amount (E + H) | | | |
| 07/01/2013 20a Service End Date (mm/dd/yyyy) | Total | \$4,396,946.52 | | | |
| ` | Charges | J. Discount from Block 4 Worksheet 87.00 | | | |
| Contract Expiration Date 20b (mm/dd/yyyy) 06/13/2015 | | K. Funding Commitment Request (I x J) \$3,825,343.47 | | | |
| 21 Description of This Service: NOTE: All Item 21 Attachments must | be filed be | fore the close of the filing window. Attachment | | | |
| You MUST attach a description of the service, including a breakdown of components, or | osts, manufac | turer name, make and model number. You | | | |
| must include any additional account or telephone numbers if the billed account has mul Number, and note number in space provided. | upie numbers | . Label the description with an Attachment DPS1.3 | | | |
| II | • | (provided to one site | | | |
| 22 Entity/Entities Receiving This Service: the entity from Blo | | he Entity Number of g this service: | | | |
| b. If the service is | | entities on a Block 4 | | | |
| | worksheet number (e.g., 1): 1548998 Applicant's Form Identifier: DPS471-01-2013 | | | | |
| Entity Number: 130944 Contact Person: JON BRENT | - ' ' | none Number: | | | |
| Block 5: Discount Funding Request(s) | | Block 5, page 4 of 8 | | | |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for w requesting discounts. Make as many copies of this page as needed, and number the complete they are all processed correctly. | | to assure FRN 2462383 | | | |
| and they are an proceeded correctly. | | I | | | |
| 10 🗖 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved | , under appea | (to be assigned by administrator) | | | |
| etc.), check this box and enter the original FRN in the space provided: | , under appea | (to be assigned by administrator) | | | |
| | , under appea | (to be assigned by administrator) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 | 23 | (to be assigned by administrator) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance | 23 | (to be assigned by administrator) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 | 23 | (to be assigned by administrator) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number | 23 | (to be assigned by administrator) Calculations A. Monthly charges (total amount per month for service) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections | 23 | (to be assigned by administrator) Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 | 23 | (to be assigned by administrator) II, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number | 23 | (to be assigned by administrator) Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 | 23 Recurring | (to be assigned by administrator) II, Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name | 23 Recurring | (to be assigned by administrator) Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 | Recurring Charges | (to be assigned by administrator) Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) \$602.63 | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or mont to-month services. | Recurring Charges | (to be assigned by administrator) II. Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) \$602.63 D. Number of months service provided in funding year | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or mont to-month services. 15b Contract Number | Recurring Charges | (to be assigned by administrator) A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) \$602.63 D. Number of months service provided in funding year | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or mont to-month services. 15b Contract Number 071B3001358 15c Check this box if this Funding Request is covered under a master contract (a | Recurring Charges | (to be assigned by administrator) II. Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) \$602.63 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$7,231.56 | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or mont to-month services. 15b Contract Number 071B3001358 15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made | Recurring Charges | (to be assigned by administrator) A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) \$602.63 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$7,231.56 F. Annual non-recurring charges | | | |
| etc.), check this box and enter the original FRN in the space provided: 11 Category of Service (only ONE category should be checked) PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internet Access Basic Maintenance of Internal Connections 12 Form 470 Application Number 276610000682876 13 SPIN - Service Provider Identification Number 143001157 14 Service Provider Name CenturyLink Qwest Communications Company, LLC 15a Check this box if this Funding Request is for non-contracted tariffed or mont to-month services. 15b Contract Number 071B3001358 15c Check this box if this Funding Request is covered under a master contract (a | Recurring Charges | (to be assigned by administrator) II. Calculations A. Monthly charges (total amount per month for service) \$616.75 B. How much of the amount in A is ineligible? \$14.12 C. Eligible monthly pre-discount amount (A minus B) \$602.63 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$7,231.56 | | | |

| 16a Billing Account Number (e.g., billed telephone number) | | III I | | | | | |
|--|--|-------------------------|--|--|--|--|--|
| · · · · · · · · · · · · · · · · · · | | Non- | \$0.00 | | | | |
| VARIOUS | | Recurring Charges | \$0.00 | | | | |
| 16b Check this box if there are multiple Billing Account Numbers | and attach a | | | | | | |
| complete list of those numbers to this page. | | | H. Annual eligible pre-discount amount for non-recurring charges (F | | | | |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/ (based on Form 470 filing) | уууу) | | minus G) | | | | |
| 10/28/2008 | | | \$0.00 | | | | |
| 18 Contract Award Date (mm/dd/yyyy) 02/05/2009 | | | | | | | |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | | | Total funding year pre-discount amount (E + H) | | | | |
| 20a Service End Date (mm/dd/yyyy) | | Total Charges | \$7,231.56 | | | | |
| Contract Expiration Date | | | J. Discount from Block 4 Worksheet 87.00 | | | | |
| 20b (mm/dd/yyyy) 10/31/2014 | | | K. Funding Commitment Request (I x J) \$6,291.46 | | | | |
| 21 Description of This Service: NOTE: All Item 21 Attac | | | | | | | |
| You MUST attach a description of the service, including a breakdown of must include any additional account or telephone numbers if the billed | | | | | | | |
| Number, and note number in space provided. | account mas maniph | e nambers. | East the description with all Attachment Di G1.4 | | | | |
| II II | a. If the service is sit | | | | | | |
| II II | and not shared by ot the entity from Block | | • | | | | |
| | | | entities on a Block 4 | | | | |
| | worksheet, list the w | orksheet nu | mber (e.g., 1): 1548998 | | | | |
| Entity Number: 130944 | | | Form Identifier: DPS471-01-2013 | | | | |
| Contact Person: JON BRENT | Со | ontact Pho | one Number: | | | | |
| Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque | est Number) for which | ch you are | Block 5, page 5 of 8 | | | | |
| requesting discounts. Make as many copies of this page as needed, and | number the complet | ted pages to | I | | | | |
| that they are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is | not vet approved ur | nder anneal | (to be assigned by administrator) | | | | |
| etc.), check this box and enter the original FRN in the space pr | | idei appeai, | | | | | |
| 11 Category of Service (only ONE category should be checked) | | 23 | Calculations | | | | |
| PRIORITY 1 PRIORITY 2 | | | A. Monthly charges (total amount per month for service) | | | | |
| Telecommunications Service Internal Connections Other than B | asic Maintenance | | A. Worting charges (total amount per month for service) | | | | |
| Internet Access Basic Maintenance of Internal Cor | nections | | | | | | |
| 12 Form 470 Application Number | | | \$41 275 00 | | | | |
| 287310000773173 | | | \$41,275.00 | | | | |
| | | | \$41,275.00 B. How much of the amount in A is ineligible? | | | | |
| 13 SPIN - Service Provider Identification Number | | | B. How much of the amount in A is ineligible? \$0.00 | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 | | Recurring Charges | B. How much of the amount in A is ineligible? | | | | |
| 13 SPIN - Service Provider Identification Number | | III - I | B. How much of the amount in A is ineligible? \$0.00 | | | | |
| SPIN - Service Provider Identification Number 143004331 14 Service Provider Name | | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. | d tariffed or month- | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 | | | | |
| SPIN - Service Provider Identification Number 143004331 14 Service Provider Name | d tariffed or month- | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year | | | | |
| SPIN - Service Provider Identification Number 143004331 Service Provider Name Merit Network, Inc. Check this box if this Funding Request is for non-contracted | d tariffed or month- | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 | | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number | naster contract (a | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a recontract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process. | naster contract (a re then made ovider). | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a recontract negotiated by a third party, the terms and conditions of which an | naster contract (a re then made ovider). an FRN from a | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a recontract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process. | naster contract (a re then made ovider). an FRN from a | III - I | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 | | | | |
| 13 SPIN – Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a recontract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the contract negotiated by a third party of the contract negotiat | naster contract (a re then made ovider). an FRN from a | Charges Non- Recurring | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 | | | | |
| 13 SPIN – Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a recontract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service process of the previous funding year based on a multi-year contract. If so, provide that | naster contract (a re then made ovider). an FRN from a FRN here: | Charges | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under an contract negotiated by a third party, the terms and conditions of which an available to an eligible entity that purchases directly from the service processed in the service processed | master contract (a re then made ovider). an FRN from a FRN here: | Charges Non- Recurring | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? \$0.00 | | | | |
| 13 SPIN - Service Provider Identification Number 143004331 14 Service Provider Name Merit Network, Inc. 15a Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number 10-0449-2 15c Check this box if this Funding Request is covered under a recontract negotiated by a third party, the terms and conditions of which a available to an eligible entity that purchases directly from the service processes of the contract in a continuation of a previous funding year based on a multi-year contract. If so, provide that 16a Billing Account Number (e.g., billed telephone number) N/A 16b Check this box if there are multiple Billing Account Numbers | master contract (a re then made ovider). an FRN from a FRN here: | Charges Non- Recurring | B. How much of the amount in A is ineligible? \$0.00 C. Eligible monthly pre-discount amount (A minus B) \$41,275.00 D. Number of months service provided in funding year 12 E. Annual pre-discount amount for eligible recurring charges (C x D) \$495,300.00 F. Annual non-recurring charges \$30,750.00 G. How much of the amount in F is ineligible? | | | | |

| 01/07/2010 | | ¢20.750.00 | | | |
|--|---|--|--|--|--|
| 18 Contract Award Date (mm/dd/yyyy) 02/09/2010 | 1 | \$30,750.00 | | | |
| 19 Service Start Date (mm/dd/yyyy) 07/01/2013 | 1 | Total funding year pre-discount amount (E + H) | | | |
| 20a Service End Date (mm/dd/yyyy) | Total | \$526,050.00 | | | |
| Contract Expiration Date | Charges | J. Discount from Block 4 Worksheet 87.00 | | | |
| 20b (mm/dd/yyyy) 06/30/2014 | | K. Funding Commitment Request (I x J) \$457,663.50 | | | |
| 21 Description of This Service: NOTE: All Item 21 Attachments must be You MUST attach a description of the service, including a breakdown of components, cosmust include any additional account or telephone numbers if the billed account has multip Number, and note number in space provided. | sts, manufact | urer name, make and model number. You | | | |
| and not shared by o | others), list th | · · | | | |
| b. If the service is s | hared by all entities on a Block 4 vorksheet number (e.g., 1): 1548998 | | | | |
| Entity Number: 130944 A | pplicant's | Form Identifier: DPS471-01-2013 | | | |
| - | Contact Ph | one Number: | | | |
| Block 5: Discount Funding Request(s) | | Block 5, page 6 of 8 | | | |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for wh requesting discounts. Make as many copies of this page as needed, and number the complethat they are all processed correctly. | | | | | |
| 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, uetc.), check this box and enter the original FRN in the space provided: | 1 1 | | | | |
| 11 Category of Service (only ONE category should be checked) | 23 | Calculations | | | |
| PRIORITY 1 PRIORITY 2 | | A Monthly charges (total amount new month for consist) | | | |
| Telecommunications Service Internal Connections Other than Basic Maintenance | | Monthly charges (total amount per month for service) | | | |
| ☐ Internet Access ☐ Basic Maintenance of Internal Connections | - | \$25,000.00 | | | |
| 12 Form 470 Application Number | | | | | |
| 408720000785377 | 4 | B. How much of the amount in A is ineligible? | | | |
| 13 SPIN - Service Provider Identification Number | | \$572.52 | | | |
| 143001727 | Recurring | C. Eligible monthly pre-discount amount (A minus B) | | | |
| 14 Service Provider Name | Charges | \$24,427.48 | | | |
| | | D. Number of months service provided in funding year | | | |
| Michigan Bell Telephone Company 15a Check this box if this Funding Request is for non-contracted tariffed or month- | - | 12 | | | |
| 15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. | · | E. Angual pre-discount amount for eligible recurring charges (C v D) | | | |
| 15b Contract Number | 1 | E. Annual pre-discount amount for eligible recurring charges (C x D) | | | |
| 20100205-00711 | | \$293,129.76 | | | |
| 15c Check this box if this Funding Request is covered under a master contract (a | 1 | F. Annual non-recurring charges | | | |
| contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). | | \$0.00 | | | |
| 15d Check this box if this Funding Request is a continuation of an FRN from a | | | | | |
| previous funding year based on a multi-year contract. If so, provide that FRN here: 2331157 | | G. How much of the amount in F is ineligible? | | | |
| 16a Billing Account Number (e.g., billed telephone number) | Non- | \$0.00 | | | |
| VARIOUS | Recurring Charges | φ0.00 | | | |
| 16b Check this box if there are multiple Billing Account Numbers and attach a | | | | | |
| complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) | - | H. Annual eligible pre-discount amount for non-recurring charges (F | | | |
| (based on Form 470 filing) | | minus G) | | | |
| 12/16/2009 | | \$0.00 | | | |
| 18 Contract Award Date (mm/dd/yyyy) | 1⊩ | | | | |
| 02/02/2010 19 Service Start Date (mm/dd/yyyy) | \parallel | Total funding year pre-discount amount (E + H) | | | |
| 07/01/2013 | . | \$293,129.76 | | | |
| 20a Service End Date (mm/dd/yyyy) | Total Charges | J. Discount from Block 4 Worksheet 87.00 | | | |
| Contract Expiration Date | 1 | 3,000 | | | |

| 20b (mm/dd/yyyy) 06/30/2014 | | | K. Funding Commitment Request (I x J) \$255,022.89 |
|---|---|------------------------------|--|
| 21 Description of This Service: NOTE: All Item 21 Attac You MUST attach a description of the service, including a breakdown of must include any additional account or telephone numbers if the billed Number, and note number in space provided. | of components, costs | s, manufact | urer name, make and model number. You |
| 22 Entity/Entities Receiving This Service: | If the service is sit and not shared by ot the entity from Block | thers), list the 4 receiving | this service: |
| II II | b. If the service is sh worksheet, list the w | | |
| Entity Number: 130944 | Aŗ | oplicant's | Form Identifier: DPS471-01-2013 |
| Contact Person: JON BRENT | Co | ontact Pho | one Number: |
| Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requerequesting discounts. Make as many copies of this page as needed, and that they are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is | number the complet | ted pages to | (to be assigned by administrator) |
| etc.), check this box and enter the original FRN in the space pr | | uli | |
| 11 Category of Service (only ONE category should be checked) | | 23 | Calculations |
| PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than B | | | A. Monthly charges (total amount per month for service) |
| Internet Access Basic Maintenance of Internal Cor 12 Form 470 Application Number | nections | ╢ | \$0.00 |
| | | | B. How much of the amount in A is ineligible? |
| 288500001091045 13 SPIN - Service Provider Identification Number | | | \$0.00 |
| 143024051 | | Recurring | · · |
| 14 Service Provider Name | | Charges | \$0.00 |
| | | | · |
| Gaggle.net, Inc. | | | D. Number of months service provided in funding year |
| 15a Check this box if this Funding Request is for non-contracte | ed tariffed or month- | ╢ | 12 |
| to-month services. 15b Contract Number | | ╢ | E. Annual pre-discount amount for eligible recurring charges (C x D) |
| | | | \$0.00 |
| 13-0339C 15c Check this box if this Funding Request is covered under a r | master contract (a | ╢ | F. Annual non-recurring charges |
| contract negotiated by a third party, the terms and conditions of which a | are then made | | \$233,250.00 |
| available to an eligible entity that purchases directly from the service pro | ′ | | G. How much of the amount in F is ineligible? |
| previous funding year based on a multi-year contract. If so, provide that 16a Billing Account Number (e.g., billed telephone number) | FRN here: | ╢ | G. How much of the amount in 1 is ineligible: |
| | | Non- Recurring | \$0.00 |
| N/A 16b Check this box if there are multiple Billing Account Numbers | and attach a | Charges | |
| complete list of those numbers to this page. | | ║ | H. Annual eligible pre-discount amount for non-recurring charges (F |
| 17 Allowable Vendor Selection/Contract Date (mm/dd/ (based on Form 470 filing) | 'уууу) | | minus G) |
| 02/01/2013 | | | |
| 18 Contract Award Date (mm/dd/yyyy) | | II | \$233,250.00 |
| 03/13/2013 19 Service Start Date (mm/dd/yyyy) | | | Total funding year pre-discount amount (E + H) |
| 07/01/2013 | | Total | \$233,250.00 |
| 20a Service End Date (mm/dd/yyyy) | | Charges | J. Discount from Block 4 Worksheet 87.00 |
| Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2014 | | | K. Funding Commitment Request (I x J) \$202,927.50 |
| 21 Description of This Service: NOTE: All Item 21 Attac You MUST attach a description of the service, including a breakdown of must include any additional account or telephone numbers if the billed Number, and note number in space provided. | of components, costs | s, manufact | urer name, make and model number. You |
| | a. If the service is sit | te-specific (| provided to one site |
| | and not shared by ot the entity from Block | thers), list th | ne Entity Number of |

| | | s shared by all entities on a Block 4 e worksheet number (e.g., 1): 1548998 | | | | | | |
|--|---|---|-------------------------------------|---|--|--|--|--|
| L II" Entity Number: 130944 | | | | ntifier: DPS471-01-2013 | | | | |
| Contact Person: JON BRENT | | ntact Pho | | | | | | |
| Block 5: Discount Funding Request(s) nstructions: Use one Block 5 page for EACH service (Funding Reque equesting discounts. Make as many copies of this page as needed, and that they are all processed correctly. | number the complete | ed pages to | | Block 5, page 8 of 8 FRN 2462461 (to be assigned by administrator) | | | | |
| 10 If this is a duplicate Funding Request (e.g., of an FRN that is r etc.), check this box and enter the original FRN in the space pro | | der appeai, | | | | | | |
| 11 Category of Service (only ONE category should be checked) | | 23 | Calculat | ions | | | | |
| PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Ba Internal Access Basic Maintenance of Internal Connections PRIORITY 2 Internal Connections Other than Basic Maintenance of Internal Connections | | | | y charges (total amount per month for service) | | | | |
| Form 470 Application Number 287310000773173 SPIN - Service Provider Identification Number | | | B. How m | \$0.00 low much of the amount in A is ineligible? \$0.00 | | | | |
| 143004331 14 Service Provider Name | | Recurring Charges | C. Eligible | monthly pre-discount amount (A minus B) | | | | |
| Merit Network, Inc. 15a ☐ Check this box if this Funding Request is for non-contracted to-month services. 15b Contract Number | d tariffed or month- | | 12 E. Annual | pre-discount amount for eligible recurring charges (C x D) | | | | |
| 10-0448-2 15c Check this box if this Funding Request is covered under a montract negotiated by a third party, the terms and conditions of which an available to an eligible entity that purchases directly from the service proving Check this box if this Funding Request is a continuation of a previous funding year based on a multi-year contract. If so, provide that I 2331189 16a Billing Account Number (e.g., billed telephone number) | re then made vider). an FRN from a FRN here: | Non- Recurring Charges | \$228 | non-recurring charges 8,000.00 uch of the amount in F is ineligible? | | | | |
| 16b Check this box if there are multiple Billing Account Numbers a complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/y (based on Form 470 filing) | and attach a | | H. Annual minus G) | eligible pre-discount amount for non-recurring charges (F | | | | |
| 01/07/2010 18 Contract Award Date (mm/dd/yyyy) | | | \$228 | 8,000.00 | | | | |
| 02/09/2010 19 Service Start Date (mm/dd/yyyy) 07/01/2013 20a Service End Date (mm/dd/yyyy) Contract Expiration Date | | Total Charges | \$228 | nding year pre-discount amount (E + H) 8,000.00 nt from Block 4 Worksheet 87.00 | | | | |
| 20b (mm/dd/yyyy) 06/30/2014 | | | | g Commitment Request (I x J) 8,360.00 | | | | |
| 21 Description of This Service: NOTE: All Item 21 Attact You MUST attach a description of the service, including a breakdown of must include any additional account or telephone numbers if the billed a Number, and note number in space provided. 22 Entity/Entities Receiving This Service: | of components, costs | manufactu numbers. I e-specific (paers), list the 4 receiving ared by all e | rovided to e Entity Nurthis service | make and model number. You escription with an Attachment DPS1.8 one site mber of: | | | | |
| Entity Number: 130944 Contact Person: JON BRENT | | olicant's I | | ntifier: DPS471-01-2013 er: | | | | |
| Contact Person: JON BRENT Block 6: Certifications and Signature | Сог | ntact Pho | ne Numb | er: | | | | |

| 171 Ap | pplication | | | | | |
|--------|---|----------------|-------------------------------|--|--|--|
| 24 | I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.) | | | | | |
| | a schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or | | | | | |
| | b Ilibraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities. | | | | | |
| 25 | I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s). | | | | | |
| | Total funding year pre-discount amount on this Form 471 Add the entries from Items 23I on all Block 5 Discount Funding Requests.) | | 8041792.8 | | | |
| | Total funding commitment request amount on this Form 471 Add the entries from Items 23K on all Block 5 Discount Funding Requests.) | | 6996359.74 | | | |
| | Total applicant non-discount share Subtract Item 25b from Item 25a.) | | 1045433.06 | | | |
| d | Total budgeted amount allocated to resources not eligible for E-rate support | | 18500000 | | | |
| s | Total amount necessary for the applicant to pay the non-discount share of the ervices requested on this application AND to secure access to the resources ecessary to make effective use of the discounts. (Add Items 25c and 25d.) | | 19545433.06 | | | |
| f I | Check this box if you are receiving any of the funds in Item 25e directly from a so Billed Entity for this funding year, or if a service provider listed on any of the Form you in locating funds in Item 25e. | | | | | |
| 27 | 1 certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service. Or ✓ I certify that no technology plan is required by Commission rules. 1 certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals. I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them. | | | | | |
| | I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services. I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities. | | | | | |
| Entit | y Number: 130944 | Applicant's Fo | rm Identifier: DPS471-01-2013 | | | |
| Cont | act Person: JON BRENT | Contact Phone | e Number: | | | |
| | ck 6: Certification and Signature (Continued) | | | | | |
| 31 | I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services. | | | | | |
| 32 | I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program. | | | | | |
| 33 | I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the | | | | | |

34 🗹 I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from

United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

Person's Employer

| | their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism. | | | | |
|------|--|------------------|--|--|--|
| 35 🔽 | I certify that if any of the Funding Requests on this Form 471 are for discounts for components, that I have allocated the eligible and ineligible components as require § 54.504(g)(1), (2). | | | | |
| 36 | I certify that this funding request does not constitute a request for internal connect the Commission requirement that eligible entities are not eligible for such support r Commission's rules at 47 C.F.R. § 54.506(c). | | | | |
| 37 🔽 | I certify that the non-discount portion of the costs for eligible services will not be p services featured on this Form 471 are net of any rebates or discounts offered by trule, the provision, by the provider of a supported service, of free services or produ rebate of some or all of the cost of the supported services. | he service provi | der. I acknowledge that, for the purpose of this | | |
| 38 | Signature of | | 39 Date | | |
| | authorized person 🔽 | | 03/13/2013 | | |
| 40 | Printed name | | | | |
| | of authorized person | | | | |
| 41 | Title or position | | | | |
| | of authorized person | | | | |
| | _ | | | | |
| | Check here if the consultant in Item 6g is the Authorized Person. | | | | |
| 42a | Street Address, P.O. Box, or Route Number | | | | |
| | City | | | | |
| | State Zip Code - | | | | |
| | | | rm Identifier: DPS471-01-2013 | | |
| | ct Person: JON BRENT Ctlephone Number Ext. | ontact Phone | e Number: | | |
| 420 | of authorized | | | | |
| | Person | | | | |
| 42c | Fax Number of Authorized Person | | | | |
| | | | | | |
| 42d | E-mail Address | | | | |
| | of authorized Person | | | | |
| | Re-enter E-mail Address | | | | |
| 42e | Name of Authorized | | | | |

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026

Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

FCC Form 471 - October 2010



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Schools and Libraries Division

FY 2013 E-Rate Application Information Request

DPS Response: Please see our responses below.

October 11, 2013

Contact Name: JON BRENT

Applicant Name: DETROIT PUBLIC SCHOOL DISTRICT FCC Form 471 Application Number(s): **893512 and 896784**

Response Due Date: 10/26/2013

Dear Applicant:

The Program Integrity Assurance (PIA) team is in the process of reviewing your Funding Year 2013 FCC Form 471 Applications for E-rate discounts. To complete our review, we need additional information, which is listed below.

Eligibility of Entities

I. *Issue* Based on the review of your Funding Year **2013** FCC Form 471 application **893512 and 896784**, we have determined that the documentation you provided does not support your requested discount of **90**% for **LOGAN ELEMENTARY SCHOOL - 54975**. Therefore your discount percentage will be reduced to **60**%, which is the percentage supported by third party documentation.

If you do not agree with the review decision

If you disagree with the reduction of your discount percentage and you have alternative documentation supporting the discount calculation you originally requested, please submit this documentation to us.

DPS Response: We agree to the change in this entity's discount to 60%. According to our calculations, this change does not change the District's shared discount percentage from the requested 88%. Please advise if you do not agree.

Issue

Based on the review of your Funding Year **2013** FCC Form 471 application **893512 and 896784** you requested a **90%** discount for

| Entity | Requested Discount |
|--------------------------|--------------------|
| LOGAN ELEMENTARY SCHOOL | 90 % |
| LOVING ELEMENTARY SCHOOL | 90 % |
| RUTHERFORD ACADEMY | 90 % |
| GLAZER ELEMENTARY SCHOOL | 90 % |
| FITZGERALD BETHUNE | 90 % |

Page 2 of 3

Response due: 10/26/2013

The supporting documentation you submitted to validate your discount percentage provides NSLP eligibility data from the USDA's National School Lunch Program Community Eligibility Option (CEO). Data from CEO cannot be used to validate an entity's discount percentage.

For additional information on calculating your discount level, see: http://www.usac.org/sl/applicants/step04/discounts.aspx.

Questions

| _ | | | | | 1 | | | | |
|--------|------------------------|--|------------|--------------------|---------------|---------|------|------------|-------------------------------|
| 10 | A Deciet ile | ' in tha | raviavi c | うも いつしょ | ' annlication | MAAN AM | tha | tollowing | information. |
| τ | , assist as | , ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | T C VIC VV | JI VOUI | application, | WC HCCG | tric | TOHO WITTE | , iiiioiiiiaaaoii. |

| | <u> Diasca provida tha filhding vaar whan valir antity hagan participation in CEC.</u> | |
|-------------|--|--|
| | ricase provide the randing year when your chitty began participation in elo. | |
| | , | |
| | | |
| | | |
| | | |
| | | |

2. Please provide the most recent funding year in which your entity participated in the National School Lunch Program (NSLP) through a means other than CEO: _____

If you would like to use NSLP eligibility data from the most recent funding year in which your entity did not participate in CEO, please provide that information.

If you have alternative information to support the requested discount rate stated above, please provide us with the supporting documentation.

DPS Response: See the attached download from Michigan Dept of Education that shows the 'Direct Certification' and CEO status of the schools in question as shown below. The link to this table is at:

http://www.michigan.gov/documents/mde/2012-2013_CEO_Eligible_Buildings_383192_7.pdf?20131014094933

| Entity | Total | F&R | F&R | SLD Discount |
|---------------------------------------|--------------|-------|-------|---------------------|
| - | Enroll | Count | Pct | |
| New Paradigm Loving Academy | 247 | 171 | 69.2% | 80% |
| Rutherford Winans Academy | 333 | 248 | 74.5% | 90% |
| New Paradigm Glazer Academy | 175 | 139 | 79.4% | 90% |
| Mary McLeod Bethune Elementary-Middle | 851 | 645 | 75.8% | 90% |

If you don't have supporting documentation the discount of the above schools will be reduced to 20%.

Do you wish to have the discounts reduced to 20%? Yes_____ No__X__

DPS Response: We believe that the attached document provides the requested supported documentation and we would agree to the discounts as started in the above table for the four entities in question. (The first entity in your table, Logan, was covered by question 1.) **According to our calculations, these changes do not change the District's shared discount percentage from the requested 88%.**

Page 3 of 3

Response due: 10/26/2013

Response Reminders

Please email or fax the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested within 15 calendar days so we can complete our review of your application(s). Failure to send all of the information requested may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.

Should you wish to cancel your FCC Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the FCC Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Lorena McLean
Associate Manager, PIA Reviewer
T: 973.581.7580 | F: 973.599.6513
lorena.mclean@sl.universalservice.org



Schools and Libraries Division

FY 2013 E-rate Application Information Request

DPS Response: Please see our responses below.

October 17, 2013

Contact Name: JON BRENT

Applicant Name: DETROIT PUBLIC SCHOOL DISTRICT FCC Form 471 Application Number(s): 893512 and 896784

Response Due Date: 11/01/2013

Dear Applicant:

The Program Integrity Assurance (PIA) team is in the process of reviewing your Funding Year 2013 FCC Form 471 Applications for E-rate discounts. To complete our review, we need additional information, which is listed below.

I. Issue

Based on the review of your Funding Year **2013** FCC Form 471 application **893512 and 896784** you requested a **90%** discount for

| Entity | Requested Discount |
|--------------------------|--------------------|
| LOVING ELEMENTARY SCHOOL | 90 % |
| RUTHERFORD ACADEMY | 90 % |
| GLAZER ELEMENTARY SCHOOL | 90 % |
| FITZGERALD BETHUNE | 90 % |

The supporting documentation you submitted to validate your discount percentage provides NSLP eligibility data from the USDA's National School Lunch Program Community Eligibility Option (CEO). Data from CEO cannot be used to validate an entity's discount percentage.

For additional information on calculating your discount level, see: http://www.usac.org/sl/applicants/step04/discounts.aspx.

Questions

To assist us in the review of your application, we need the following information:

- 1. Please provide the funding year when your entity began participation in CEO: FY2011
- 2. Please provide the most recent funding year in which your entity participated in the National School Lunch Program (NSLP) through a means other than CEO: **See below**

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Response due: 11/01/2013

If you would like to use NSLP eligibility data from the most recent funding year in which your entity did not participate in CEO, please provide that information.

If you have alternative information to support the requested discount rate stated above, please provide us with the supporting documentation.

DPS Response: The first year that these entities participated in CEO was FY2011. The numbers below are from our FY2010 Application# 738853

- 1. School Name: LOVING ELEMENTARY SCHOOL
- 2. Entity Number: 54979 NCES:
- 3. Rural/Urban: Urban
- 4. Student Count: 324 5. NSLP Students: 315 6. NSLP Students/Students: 97.222%
- 7. Discount: 90% 8. Weighted Product: 291.6 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N
- 9. Pre-MAdult Ed/Juv. N 10. Alt Disc Mech. N
- 1. School Name: RUTHERFORD ACADEMY
- 2. Entity Number: 55123 NCES:
- 3. Rural/Urban: Urban
- 4. Student Count: 445 5. NSLP Students: 386 6. NSLP Students/Students: 86.741%
- 7. Discount: 90% 8. Weighted Product: 400.5
- 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N
- 1. School Name: GLAZER ELEMENTARY SCHOOL
- 2. Entity Number: 55296 NCES:
- 3. Rural/Urban: Urban
- 4. Student Count: 302 5. NSLP Students: 270 6. NSLP Students/Students: 89.403%
- 7. Discount: 90% 8. Weighted Product: 271.8
- 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N
- 1. School Name: FITZGERALD BETHUNE
- 2. Entity Number: 55299 NCES:
- 3. Rural/Urban: Urban
- 4. Student Count: 829 5. NSLP Students: 645 6. NSLP Students/Students: 77.804%
- 7. Discount: 90% 8. Weighted Product: 746.1
- 9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

II. Issue

Based on your response to the above schools the documentation indicated the schools with different names that are similar to Pre-K schools within the district.

Questions

Do the above entities include Pre-K from the entities below?

| Entity | |
|-------------------------------------|--|
| DPS Foundation for Early Learners @ | |
| Loving | |
| DPS Foundation for Early Learners @ | |
| Glazer | |
| Old Bethune Academy Building | |

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Response due: 11/01/2013

Foundation for Early Learners @ Rutherford Charter

If they are combined in your application, they must be separated and have their own entity number and NSLP information.

DPS Response: *NO – these pre-K students were not included in our application.*

Response Reminders

Please email or fax the requested information to my attention. If you have any questions or you do not understand what we are requesting, please feel free to contact me.

It is important that we receive all of the information requested within 15 calendar days so we can complete our review of your application(s). Failure to send all of the information requested may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.

Should you wish to cancel your FCC Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the FCC Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Lorena McLean
Associate Manager, PIA Reviewer
T: 973.581.7580 | F: 973.599.6513
lorena.mclean@sl.universalservice.org

B______ Date: 12-30-2013

E-Rate LOA (Letter of Agency)

To Whom It May Concern:

We have retained BTU Consultants, LLC under contract as Independent Consultants to serve as our agent for working with E-Rate issues for **Funding Year 2014 and all prior funding years**, in all areas of Telecommunications, Internet Services and Internal Connections. They will be assisting us in compliance issues and forms preparation. Their contact information is shown below:

BTU Consultants, LLC 4 Media Court St. Louis, MO 63146 Phone: 314-983-0292 Fax: 314-983-0415

Lead Consultant: Donald J Dietrich

Additional Consultants: Lori Thompson, Carol Underriner

Please accept their comments, statements and signatures on our behalf. This LOA is in effect from signing through **December 31, 2014.** We trust you will cooperate with BTU Consultants, LLC in every way possible.

Thank you.

Signature of District Authority:

Printed Name / Title: Jon Brent, Executive Director

School District Name: Detroit Public Schools – BEN 130944

cc: BTU Consultants, LLC